

Department of California Highway Patrol
AREA MANAGEMENT EVALUATION
 Chapter 12
 OCCUPATIONAL SAFETY

Area
 San Geronio
 Pass

Division
 Border

Number
 655

Evaluated By Sgt. D. Valle

Date 5/06/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed in the Summary Statement. The Summary Statement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Summary can be handwritten if desired.

Type of Evaluation

☐ Formal

☒ Informal

Suspense Date

Follow-up Required

☐ Yes ☒ No

☐ Correction Report

by _____

Commander's Review

Date

5-7-09

1. GOALS AND ACCOMPLISHMENTS

Evaluated

☒

Action Required

☐

Corrected

☐

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illnesses and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? N/A.

(5) Is CHP 113 posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

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2. PARTICIPATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander actively involved in program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Commander active in injury/illness case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) What is the commander's attitude regarding occupational safety? Captain Jones' attitude regarding occupational safety is one of focus on awareness and prevention of injuries and accidents.			
(3) Occupational safety issues discussed at staff meetings and training days?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Do they have the appropriate attitude?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are employees involved in their case management?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are they aware of the command's achievements?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is employees' equipment properly used and maintained?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. ACCIDENT AND INJURY TRENDS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Commander's method of identifying trends? Review of occupational injury reports and patrol car collisions to identify any common factors/causes and implement corrective measures.			

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- (1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No
- (2) Is the Occupational Safety Committee reviewing CHP 113, OSHA 200 Log entries, prior meeting minutes? ☒ Yes ☐ No
- (3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? There has been no identifiable injury or accident trend in recent years that has required implementation of specific corrective action.

- (1) Is commander, the managers, supervisors, actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

Evaluated
☒

Action Required
☐

Corrected
☐

a. What is the composition of the COSC? The COSC is composed of representatives from clerical, janitorial, officers, sergeants, and the commander.

- (1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No
- (2) Management and supervisory representation? ☒ Yes ☐ No
- (3) Command Safety Coordinator assigned? ☒ Yes ☐ No
- (4) Command Safety Coordinator active and effective? ☒ Yes ☐ No
- (5) Are Committee assignments rotated? ☒ Yes ☐ No
- (6) COSC meetings held quarterly? ☒ Yes ☐ No
- (7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No
- (8) Do all Committee members attend the meetings? ☒ Yes ☐ No
- b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No
- (1) Do Committee members understand their roles and responsibilities? ☒ Yes ☐ No
- (2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No
- (3) Are departmental and Division Occupational Safety meeting minutes readily available? ☒ Yes ☐ No
- (4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No
- (5) Are assignments given during Area meetings? ☒ Yes ☐ No
- c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No
- (1) Recording secretary appointed? ☒ Yes ☐ No
- (2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

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(3) Are minutes included in IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Minutes maintained current year, plus three?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Minutes forwarded through channels?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Is the COSC effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are COSC recommendations clear, concise and pertinent to the command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) COSC proactive to eliminate potential causes of accidents and injuries?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) COSC disseminate information/training regarding health and safety issues?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Do all personnel receive current information regarding health and safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are outside agency safety programs utilized as a resource?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Does the command maintain an effective health/safety communications system?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Potential hazards reported on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>
a. STD 261s completed annually and filed in employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254 utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 200 Log utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year Log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(2) CHP 113s and attachments processed in timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
e. Does the command utilize the CHP 113A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are semi-annual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) CHP 113A maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
f. Are unsafe conditions identified and documented on CHP 113B?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copy of CHP 113B filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
g. Are the CHP 121 series forms thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisory comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208 form thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(6) New employees review and complete CHP 712A?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe conditions identified, investigated, corrected and documented?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>		
a. Employees aware of procedures regarding DOSH inspections?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents available for review by DOSH Compliance Officer?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>		
a. Does command have a written Hazardous Substance Program for substances used within that command?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Training documented?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	Evaluated <input checked="" type="checkbox"/>	Action Required <input type="checkbox"/>	Corrected <input type="checkbox"/>		
a. Activities identified within command that may require exposure to hazardous conditions?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided per bargaining unit agreements?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?				<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COMMENTS San Geronio Pass Area's occupational safety program is designed to make all employees aware of safety and encourage them to be involved in promoting a safe and healthy work environment. This is accomplished by comments made by management and supervision during training days, staff meetings, briefings, and on 100 forms to raise overall safety awareness throughout the year. The Officers who conduct weapons training constantly stress the importance of safe weapons handling. The Area has not experienced an A.D. since January of 2006. Continued emphasis on proper weapon handling procedures will be stressed by Area managers, supervisors, and training officers. Area will continue to project an exemplary attitude towards occupational safety with ongoing training and safe, sound work practices.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: El Centro (625)	Division: Border	Chapter: 12 Occ Safety
Inspected by: Lt. T. Wescott		Date: April 7, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Border Division Due Date: _____	Commander's Signature: 	Date: 4-8-09

Chapter Inspection: Occupational Safety Chapter 12

Inspector's Comments Regarding Innovative Practices:

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The El Centro CHP officer occupational safety program appears to be in compliance with policy, with minor procedural issues.

- The COSC meeting minutes are kept on-file, but a set of copies haven't been placed in the IIPP.

Commander's Response:

The Area has become aware of the issue and will take corrective action. COCS minute copies have been placed into the IIPP binder as required.

Inspector's Comments:

None.

Required Action

Corrective Action Plan/Timeline

Area has corrected the issue.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT
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Command: El Centro (625)	Division: Border	Chapter: 12 Occ Safety
Inspected by: Lt. T. Wescott		Date: April 7, 2009

~~Appeal Process: (Appeals shall be filed within five (5) business days of the completed chapter inspection).~~

Commander's Basis for Appeal:

N/A

Appeal Review/Decision: *(This shall be the only level of appeal).*

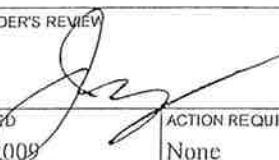
Lead Inspector's Signature: 	Date: 4-7-09
Responding Commander's Signature (for appeal):	Date:

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

4/9/09

AREA	DIVISION	NUMBER
El Centro	Border	625
EVALUATED BY	DATE	
L. T. Wescott	02/17/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	DATE 4-8-09
BY _____		EVALUATED 03/16/2009	ACTION REQUIRED None
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Command/Management participation, Supervisory participation and buy in from the officers.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
03/16/2009	None	

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Commander strive for a safe work environment for all employees. He addressed occupational safety issues at all staff meetings, training days, etc. The commander has equipment checked regularly to ensure it is functioning properly: i.e. vehicle lift, electric gates, vehicle inspections.

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CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	03/16/2009	None	

a. Commander's method of identifying trends? The commander reviews all accident and injury reports. If a trend is determined, it is discussed at staff meetings and during training days to reduce the reoccurrence of the accident and/or injury.

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Staff meetings, evaluate cause of trend, additional training for personnel, increased management and supervisory involvement.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 03/16/2009	ACTION REQUIRED Yes	CORRECTED 04/08/2009
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a. What is the composition of the COSC? Chairperson; Captain, Coordinator; Sergeant, Members; Lieutenant, Dispatch Supervisor, Office Supervisor, Officers, Dispatcher, Clerical, Auto Tech and Maintenance.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☐ Yes ☒ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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- | | | |
|--|---|-----------------------------|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

5. DOCUMENTATION	EVALUATED 03/17/2009	ACTION REQUIRED None	CORRECTED
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- | | | |
|---|---|-----------------------------|
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 03/16/2009	ACTION REQUIRED None	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 03/17/2009	ACTION REQUIRED None	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 03/18/2009	ACTION REQUIRED None	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 03/16/2009	ACTION REQUIRED None	CORRECTED	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA 626	DIVISION Border	NUMBER
EVALUATED BY A. Lawson, Sergeant		DATE 03/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW R.A. St	DATE 3-24-09
BY _____			

1. GOALS AND ACCOMPLISHMENTS

EVALUATED 03/23/2009	ACTION REQUIRED None	CORRECTED
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a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 3? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☐ Yes ☒ No

(3) Are injuries increasing? ☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED 03/23/2009	ACTION REQUIRED None	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Very proactive in every aspect of occupational safety. He offers suggestions on a regular basis and encourages all employees to do the same as soon as any hazards are discovered. Regularly reviews files and checks required posted documents are recent. He checks to see that Occupational Posters/Documents are posted.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED 03/23/2009	ACTION REQUIRED None	CORRECTED
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a. Commander's method of identifying trends? Ensures that the IIPP is kept up to date and that all employees and new hires reviews it annually. Directs supervisors to ensure that all employees are kept abreast of the IIPP through briefings and training days on a regular basis. Supervisors are to ensure that all employees are following all Occupational Safety regulations and that they are properly utilizing all required safety equipment. Reporting requirements are to be followed to the letter and submitted promptly.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified?

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(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)	EVALUATED 03/23/2009	ACTION REQUIRED None	CORRECTED
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a. What is the composition of the COSC? Facility commander (Chairman); Sgt. Lawson (Coordinator/Sidewinder PS Supervisor); Sgt. Kirchof/Sgt. Angulo (Calexico IF); Ofc. Ambriz (Sidewinder); Ofc. Even (Calexico); OT Turnbull; OA Ruiz; Jorge Ruiz (Janitor - Calexico IF; Bargaining Unit 5 Representative; Bargaining Unit 12 Representative; and anyone involved in a recordable Occ. Safe incident

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 03/23/2009	ACTION REQUIRED None
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 252, LAW ENFORCEMENT v Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 03/23/2009	ACTION REQUIRED None
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED 03/23/2009	ACTION REQUIRED None
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 03/23/2009	ACTION REQUIRED None
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(5) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 03/23/2009	ACTION REQUIRED None	CORRECTED	
a. Activities identified within command that may require exposure to hazardous conditions?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

M e m o r a n d u m

Date: March 24, 2009

To: Border Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Winterhaven Area

File No.: 620.12233.13209

Subject: CHAPTER 12 OCCUPATIONAL SAFETY INSPECTION

Area recently completed a Chapter 12, Occupational Safety Inspection which is attached for your review.




J.W. SWAIM, Lieutenant
Commander

Attachments

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Command: Winterhaven	Division: Border	Chapter: 12
Inspected by: Sgt. L. Domby		Date: 03/23/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Border Division Due Date: 03/23/2009	Commander's Signature: 	Date: 3-24-09
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Chapter 12, Occupational Safety

Item 1.a, Area was unable to locate Chapter 13 of HPM 10.6. The online manual contained only 11 chapters.

Item 1.b(5), CHP 113's were maintained in the clerical file cabinet. The CHP 113 was not readily accessible or posted.

Item 4.a(8), occasionally not all COCS committee members are present at the meetings. This is a rare occurrence caused by a necessity for the member to meet another obligation.

Item 4.c(2), the COCS minutes are not posted on the Occupational Safety Board. The minutes were placed in the IIPP binder.

Item 5.b, Area does not utilize the DMV INF 254, to request driver's license record checks. Area management utilizes the MIS system to verify employees are properly licensed during annual evaluations.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 2

Command: Winterhaven	Division: Border	Chapter: 12
Inspected by: Sgt. L. Domby		Date: 03/23/2009

Commander's Response:

Inspector's Comments:

Required Action

Corrective Action Plan/Timeline

Winterhaven Area Command Safety Coordinator will post the CHP 113 and the Occupational Safety Meetings minutes on the Occupational Safety Board. This procedure will take effect immediately and will require no additional follow up.

Winterhaven Area makes attempts to schedule COCS meetings to ensure all committee members attend. Area will continue to ensure COCS members attend scheduled meetings. This procedure will take place immediately and will require no additional follow up.

COMMAND INSPECTION PROGRAM

EXCEPTIONS DOCUMENT

Page 3

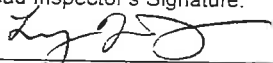
Command: Winterhaven	Division: Border	Chapter: 12
Inspected by: Sgt. L. Domby		Date: 03/23/2009

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:



Date:

3/24/09

Responding Commander's Signature (for appeal):


Date:

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Winterhaven	Border	620
EVALUATED BY	DATE	
Sgt. L. Domby	03/23/2009	

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION		SUSPENSE DATE	
<input type="checkbox"/> Formal Evaluation	<input checked="" type="checkbox"/> Informal Evaluation		
FOLLOW-UP REQUIRED		COMMANDER'S REVIEW	DATE
<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		3-24-09
BY		EVALUATED	ACTION REQUIRED
		Yes	Yes
1. GOALS AND ACCOMPLISHMENTS		CORRECTED	
		Yes	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing? The commander takes an active role in ensuring the working environment is safe. This is accomplished through briefings and the Occupational Safety Committee. Identified hazards are quickly corrected and brought to the attention of all employees of this command.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☐ Yes ☒ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No
2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	None	

- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety? Employee safety is of the utmost importance. Maintaining a safe working environment is a priority. By keeping employees informed of potential hazards and how to work safely, lost time injuries can be either decreased or eliminated.

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

Yes

ACTION REQUIRED

None

CORRECTED

a. Commander's method of identifying trends? Area has a minimal amount of accidents and injuries. Winterhaven Area experienced two injuries. The commander reviewed the injury and accident reports and no common trend was identified.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? No trends have been identified due to the lack of incidents. All incidents are thoroughly discussed with the involved employee and reviewed by the commander. If a trend was identified, training and or equipment would be used as a corrective measure to decrease the likelihood of a recurrence.		

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

Yes

CORRECTED

Yes

a. What is the composition of the COSC? The COSC is composed of the Area Commander, Command Safety Chairperson, a sergeant, Command Safety Coordinator, two officers, the clerical supervisor, maintenance worker and the automotive technician. The assigned personnel represent all collective bargaining units in Area.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED None
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED None	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED None	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED None	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

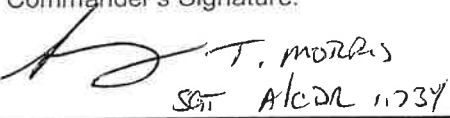
CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED None	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Blythe (660)	Division: Border	Chapter: 12 Occ Safety
Inspected by: Sergeant A. Fleck		Date: May 5, 2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Border Division Due Date: _____	Commander's Signature:  T. MORRIS SGT ALCDR 11734	Date: 05/05/09
Chapter Inspection: Occupational Safety Chapter 12			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None.

Inspector's Findings:

The Blythe CHP Occupational Safety Program appears to be in compliance with policy, with minor procedural issues.

- The IIPP binder has all required documents, though some were slightly outdated. The Command Occupational Safety Committee Members have now been updated as well as adding the most current version of minutes for the last quarterly meeting.

Commander's Response:

The Area has become aware of the issue and has already taken corrective action. The items mentioned above have been replaced with updated versions.

Inspector's Comments:

None.

Required Action

Corrective Action Plan/Timeline

Area has corrected the issue.

MAILED
5/6

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2

Command: Blythe (660)	Division: Border	Chapter: 12 Occ Safety
Inspected by: Sergeant A. Fleck		Date: May 5, 2009

Appeal Process: *(Appeals shall be filed within five (5) business days of the completed chapter inspection).*

Commander's Basis for Appeal:

S1
N/A

Appeal Review/Decision: *(This shall be the only level of appeal).*

Lead Inspector's Signature:

Date:

Responding Commander's Signature (for appeal):

Date:

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Blythe	DIVISION Border	NUMBER 660 - 01 - 09
EVALUATED BY Sergeant A. Fleck		DATE 05/05/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW <i>T. MORRIS</i> <i>Sgt A/CDE 11731</i>	
BY _____		DATE 05/05/09	CORRECTED
1. GOALS AND ACCOMPLISHMENTS		EVALUATED 05/05/2009	ACTION REQUIRED None

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are goals developed in accordance with departmental policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Are goals appropriately categorized?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Are goals realistic?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Are goals consistent with departmental objectives?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Is input from all levels considered before goals are established?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are goals being accomplished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Accurate reporting on CHP 113, Accident and Injury Report?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Are accidents increasing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(3) Are injuries increasing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
(4) Why are they increasing/decreasing? Command/Management participation, Supervisory participation and cooperation from officers.	
(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) Are employees knowledgeable about goals and achievements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are employees providing suggestions toward goal attainment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

2. PARTICIPATION		EVALUATED 05/05/2009	ACTION REQUIRED None	CORRECTED
a. Commander actively involved in program?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(1) Commander active in injury/illness case management?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
(2) What is the commander's attitude regarding occupational safety? The Commander strives for a safe work environment for all employees. He addresses occupational safety issues at all staff meetings and training days. The Commander has equipment checked regularly to ensure it is functioning properly: i.e. vehicle lift, electric gates, vehicle inspections.				

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

05/05/2009

ACTION REQUIRED

None

CORRECTED

a. Commander's method of identifying trends? The Commander reviews all accident and injury reports. If a trend is identified, it is discussed at staff meetings and training days to reduce the potential recurrence of the accident or injury producing event.		
(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. What corrective action has the command taken when a trend has been identified? The Commander and Occupational Safety Coordinator discuss the issue at staff meetings, evaluate the perceived cause, and implement additional training for personnel along with increasing management and supervisory involvement.		

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
05/05/2009ACTION REQUIRED
None

CORRECTED

a. What is the composition of the COSC? Chairman: Lieutenant Les Bishop, Coordinator: Sergeant Art Fleck, Alternate Coordinator:

Sergeant Ted Morris, Personnel Safety: Betty Sandoval, Officer Safety: Officer Ivan Lindbergh, Fleet Safety: Moe Helmersen.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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- | | | |
|--|---|-----------------------------|
| (1) Potential hazards reported on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Do all members of the command participate in distribution of safety and health information? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) COSC minutes posted in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Required posters prominently displayed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) COSC maintain the Command Occupational Safety Bulletin Board? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

5. DOCUMENTATION

EVALUATED
05/05/2009

ACTION REQUIRED
None

CORRECTED

- | | | |
|---|---|-----------------------------|
| a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. OSHA 300, Log of Occupational Injury and Illnesses, utilized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are required injuries and illnesses logged? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Entries made within six working days of notification of an employee injury or illness? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is lost-time and limited-duty documentation accurate? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Retention according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Readily accessible for review by Cal-OSHA? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Previous calendar year log posted during February? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. Are CHP 113s, Accident and Injury Report, compiled accurately? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Commander review and sign? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) CHP 113s and attachments processed in a timely manner? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. Does the command utilize the CHP 113A, Safety Inspection Checklist? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Are semiannual safety inspections conducted? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are safety hazards identified? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Is corrective action taken within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Measures taken to correct situation within 30 days? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. Are the CHP 121 series thoroughly and accurately completed? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (1) Supervisory comments in-depth, clear, and concise? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Commander signature on appropriate forms? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED 05/05/2009	ACTION REQUIRED Yes	CORRECTED 05/05/2009
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED 05/05/2009	ACTION REQUIRED None	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED 05/05/2009	ACTION REQUIRED None	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?

☒ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information?

☒ Yes ☐ No**9. HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED

05/05/2009

ACTION REQUIRED

None

CORRECTED

a. Activities identified within command that may require exposure to hazardous conditions?

☒ Yes ☐ No

(1) Appropriate engineering and/or administrative controls implemented?

☒ Yes ☐ No

(2) Protective equipment provided in accordance with bargaining unit agreements?

☒ Yes ☐ No

(3) Employees trained on use and maintenance of equipment?

☒ Yes ☐ No

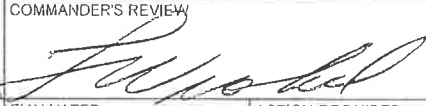
(4) Training documented?

☒ Yes ☐ No

mailed 6/24/09

AREA San Diego	DIVISION Border	NUMBER
EVALUATED BY Oscar R. Alva, Sergeant		DATE 05/11/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 05/12/2009			
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 6/22/09			
1. GOALS AND ACCOMPLISHMENTS		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">EVALUATED X</td> <td style="width: 33%;">ACTION REQUIRED</td> <td style="width: 33%;">CORRECTED</td> </tr> </table>	EVALUATED X	ACTION REQUIRED	CORRECTED
EVALUATED X	ACTION REQUIRED	CORRECTED			

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☒ Yes ☐ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? Refer to supplement evaluation report.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
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- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? Refer to supplement evaluation report.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED X	ACTION REQUIRED	CORRECTED
--------------------------------------	-----------------------	-----------------	-----------

a. Commander's method of identifying trends? Refer to supplement evaluation report.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? Refer to supplement report.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Refer to supplement evaluation report.

(1) Is there representation from each collective bargaining unit?

☒ Yes☐ No

(2) Management and supervisory representation?

☒ Yes☐ No

(3) Command Safety Coordinator assigned?

☒ Yes☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes☐ No

(5) Are committee assignments rotated?

☒ Yes☐ No

(6) COSC meetings held quarterly?

☐ Yes☒ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes☐ No

(8) Do all committee members attend the meetings?

☒ Yes☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes☐ No

(5) Are assignments given during Area meetings?

☒ Yes☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes☐ No

(1) Recording secretary appointed?

☒ Yes☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes☐ No

(3) Are minutes included in IIPP file?

☐ Yes☒ No

(4) Minutes maintained current year, plus three?

☒ Yes☐ No

(5) Minutes forwarded through channels?

☒ Yes☐ No

d. Is the COSC effective?

☒ Yes☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED X	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED X	ACTION REQUIRED CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

1. GOALS AND ACCOMPLISHMENTS

- a. The San Diego Area Command is familiar with the Occupational Safety Program. Area Occupational Safety goals are set realistically according to past experiences and trends, as well as other factors. The Command categorizes goals appropriately and are consistent with departmental objectives.
- b. Currently, the command is meeting its goals in all categories. In 2008, injuries decreased and accidents remained relatively the same compared with 2007. However in 2009, there has been a sharp increase in on duty traffic accidents. The causes are attributed to young, less experienced officers being involved in collisions.

Accidents and Injuries are accurately being reported on the CHP 113. The CHP 113 is not routinely posted, however it is accessible and available for review by any employee in the clerical and Area Occupational Safety Coordinator's file.

Employees are knowledgeable of Area goals and objectives related to Occupational Safety. Employees are reminded of Occupational Safety goals during briefings, training days and monthly/yearly evaluations. During training days, briefings and the Quarterly Area Occupational Safety Committee meeting, employees are strongly encouraged to provide input towards attaining our goals.

2. PARTICIPATION

- a. The Area Commander attends the Division Occupational Committee meetings which are held via conference call on a quarterly basis. The Commander also attends the Area Occupations Safety Committee meeting held quarterly. At staff meetings, injuries and accidents are discussed, and the Commander encourages his managers and supervisors to relay pertinent safety information to uniform and non uniform employees. He monitors closely all injuries and accidents providing guidance and input in an effort to avoid recidivism. The Commander also collaborates with the Area Occupational Safety Committee/Coordinator and Area Training officer in promoting and coordinating programs such as officer safety training, the Rodeo Defensive Driving Course and the DETO program, in an effort to reduce the occupational safety mishaps.
- b. Managers and supervisors are proactive and aggressive in their approach to occupational safety awareness. At each staff meeting, occupational safety concerns and the latest accidents/injuries are discussed. Supervisors keep managers well-informed on recent accidents/injuries and the cause of those

incidents. If deemed necessary, corrective measures are implemented immediately to avoid another accident. Moreover, when appropriate, employees are retrained, counseled or reprimanded if the accident or injury was determined to be preventable. Employees, injured while in the performance of their duties, are monitored closely and provided every resource and convenience available to facilitate their recovery and return to full duty. Supervisors, as well as managers, discuss and comment frequently on Occupational Safety issues and concerns during briefings and monthly/yearly evaluations. Of significance, practically every CHP monthly evaluation form contains an ***Occupational Safety Tip*** to reinforce the importance of safety in the work environment.

- c. Every employee assigned to San Diego Area is involved in the Occupational Safety Program. Uniform and non-uniform employees have a solid grasp of the Area Occupational Safety goals. Occupational Safety achievements are awarded during briefings and training days. Employees are encouraged to provide suggestions and input regarding unsafe working conditions and areas where occupational safety can be improved. Furthermore, employees participate quarterly during the Area Occupational Safety Committee meetings and have proven invaluable and very effective in achieving Occupational Safety improvement and success. Officers involved in preventable accidents and injuries are assigned for one year to the Area Occupational Safety Committee. They are encouraged to discuss their respective incident and provide insight as to its causation and lessons learned.

The Training Officer ensures weapons are inspected annually and O/C spray date of expiration is within policy. Moreover, the training officer provides constant reminders on the proper use of equipment during field training exercises.

The San Diego Automotive Service Mechanic ensures the fleet is properly maintained and serviced every 5,000 miles. Updates are provided to personnel regarding patrol vehicle performance and irregularities such as rapid loss of tire deflation.

3. ACCIDENT AND INJURY TRENDS

- a. The San Diego Area Commander reviews each accident and injury that occurs within the command. He analyzes the incident and compares it with previous incidents to determine if they are similarities to identify negligent trends. The Area Occupational Safety Coordinator also reviews every accident and injury to identify trends that can be corrected to eliminate unsafe habits and hazardous exposure.

The Occupational Safety Committee also reviews the CHP 113, OSHA 300, and prior meeting minutes. They discuss preventable accidents and injuries as well as notable incidents that can impact employees. Trends are discussed and shared with all employees during briefings and training days.

- b. When trends are identified, the Area implements programs and procedures that will address these issues of concern; such is the case with recent preventable traffic accidents. Area has identified that younger, less experienced officers, combined with fatigue, have been responsible for these collisions. DETO ride alongs, commentary driving, and an upcoming RODEO defensive driving course has been implemented to address this trend. Moreover, interim reporting has been utilized to address the more serious and repetitive problems. Supervisor semi-annual ride alongs, briefings, safety training videos, and monthly and annual comments reinforce the importance of occupational safety.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

- a. The COSC is comprised of the Area Commander, who is the chairperson, and the assigned sergeant serving as the Command Occupational Safety Coordinator. The committee members represent all facets of the workforce within the Command. Clerical, ASM, officers, supervisors and managers are represented and appointed to sub-committee to serve for the calendar year. The sub-committees are: Patrol Safety, Motorcycle Safety, Officer Survival, and Personal Safety. Members are rotated annually and selection is based on experience, expertise, and involvement in a preventable accident and/or injury. All members are required to attend the COSC meetings. COSC meetings are held quarterly, although recently there have been a few cancellations.
- b. Members are assigned to the aforementioned sub-committees with clearly defined roles and responsibilities. An agenda is prepared prior to the meeting which covers old and new business items. Furthermore, the Division Occupational Safety Committee minutes are briefed and disseminated to all Area personnel. They are utilized to give employees direction.

Any issues requiring corrective measures are assigned to the respective sub-committee for action. Follow-up is conducted and discussed at the following COSC meeting.

- c. Minutes are prepared for the COSC meeting. The minutes are sent to the Commander for review and approval then forwarded to Division. The current minutes are posted on the Occupational Safety Board in the briefing room.

- d. Recommendations by the COSC are implemented as resources allow. The Area COSC is very proactive and clear in its objectives: to reduce hazards that contribute to occupational accidents and injuries through a continuing safety program, to review accident and injury reports with an emphasis towards identifying trends, to identify short and long term safety goals and implement programs and projects to achieve those goals.
- e. Training handouts and safety awareness memorandums are disseminated to Area employees periodically. Employees are kept apprised of any unsafe practices, illnesses, and trends.
- f. The COSC minutes have not been posted in a timely manner; however, that will be remedied in future postings. Required safety posters are displayed prominently in the briefing room accessible to all Area employees. The Area Occupational Safety Coordinator is responsible for updating the bulletin board and ensuring all safety correspondence is handed out to employees in a timely manner.

5. DOCUMENTATION

- a. The STD 261 form (Authorization to Use Privately Owned Vehicles on State Business) is signed and updated annually during the performance appraisal review. The form is on file in every employee's personnel folder.
- b. During the completion of the annual CHP 118, performance appraisal review, the Area supervisors check on the status of the employee's driver's license, to ensure all employees possess a valid driver's license.
- c. Entries on the OSHA 300 (Log of Occupations Injury and Illnesses) are utilized to document Area employee illnesses and injuries. All incidents are logged within six working days of the notification of an employee injury/illness. Entries of lost time and limited duty are recorded as accurately as possible. The logs are maintained for five years plus the current year and are available for review and examination by Cal-OSHA representatives. The OSHA 300 is clearly posted in the Area lunch room and accessible for review by all employees.
- d. The CHP 113s are prepared and completed by assigned clerical staff under the close direction of the Occupational Safety Coordinator. Prior to submission, the Occupational Safety Coordinator reviews the CHP 113 and compares the data to the documented Area accidents and injury/illnesses for accuracy and consistency. The CHP 113 is submitted to the Area Commander for his review, approval, and submission to Division in a timely fashion.

- e. The Occupational Safety Coordinator is responsible for completing the semi-annual CHP 113A Safety Inspection Checklist. The inspections are conducted accordingly where safety hazards are identified and remedied. In the past, corrective action has exceeded the 30 day limit, but this was due to delays with the contractor. The CHP 113As are maintained in the IIPP as well as the Area files.
- f. The San Diego Area does not utilize the CHP 113B, Hazard Report Inspection. Nevertheless, hazardous conditions are reported immediately and addressed within a reasonable time framed. Depending on the situation and conditions resolution or repair may go beyond the 30 day time limit.
- g. The CHP 121 packages are completed by supervisors and managers upon knowledge of the injury or illness. All forms are accurately completed and reviewed by managers prior to submission to SCIF. The required documentation is sent to SCIF within the required 24 hour time period. If the CHP 121 package is not completed within the aforementioned time period, the CHP 121 face page is fax to SCIF as a preliminary report pending the submission of the entire package. The Commander reviews and approves every CHP 121 filed by all employees.
- h. The CHP 208, Accident Prevention Report, is completed within the specified time frame. Supervisors document the details of the incident with accuracy, thoroughness and clarity. The Commander reviews and approves every CHP 208 for proper documentation and trend identification.
- i. Recordable accidents and injuries are documented on the CHP 442, Individual Accident, Injury, and Safety Recognition Record. The CHP 442 is updated simultaneously as the CHP 121 and CHP 208 are processed by clerical staff. The CHP 442 is kept on file in a separate binder in the clerical office. The Safety Recognition Emblem Summary is maintained and updated. Sergeants are required to review the officer's safety summary during their CHP 118 annual appraisal. At present, the Safety Recognition Emblem Board is not current, but the Occupational Safety Coordinator is in the process of updating the board which is located in the office hallway.
- j. The CHP 712A, Injury and Illness Prevention Orientation and Review, are kept current and maintained in the employee's personnel folder. Every new and recently transferred officer is required to review the IIPP, as well as annually during their CHP 118 annual appraisal.

MEXICO STOLEN

NOTE: CHP 180 IS FURNISHED TO ALL PEACE OFFICERS BY THE CALIFORNIA HIGHWAY PATROL

REPORTING DEPARTMENT CHP SAN DIEGO		LOCATION CODE 645	DATE / TIME OF REPORT 6-24-09/1510	NOTICE OF STORED VEHICLE DELIVERED PERSONALLY <input type="checkbox"/>	FILE NO. 5573 605 09
LOCATION TOWED / STOLEN FROM MEXICO		ODOMETER READING	VIN CLEAR IN SVS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE / TIME DISPATCH NOTIFIED SAME	
YEAR 07	MAKE TOYOTA	MODEL FJ CRUISER	BODY TYPE 07	COLOR BLK	LICENSE NO. [REDACTED]
VEHICLE IDENTIFICATION NO. [REDACTED]			ENGINE NO.	VALUATION BY <input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> OWNER	MONTH / YEAR [REDACTED]
REGISTERED OWNER SERGIO ZAZUETA NAVARRO			LEGAL OWNER <input type="checkbox"/> SAME AS R/O		

☐ STORED ☐ IMPOUNDED ☐ RELEASED ☐ RECOVERED - VEHICLE / COMPONENT

TOWING / STORAGE CONCERN (NAME, ADDRESS, PHONE) _____ STORAGE AUTHORITY / REASON _____

TOWED TO / STORED AT		AIRBAG? <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVEABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VIN SWITCHED? <input type="checkbox"/> YES <input type="checkbox"/> NO									
CONDITION	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	ITEMS	YES	NO	TIRES / WHEELS	CONDITION
WRECKED			SEAT (FRONT)			REGISTRATION			CAMPER			LEFT FRONT	
BURNED HULK per 431(c) VC			SEAT (REAR)			ALT. / GENERATOR			VESSEL AS LOAD			RIGHT FRONT	
VANDALIZED			RADIO			BATTERY			FIREARMS			LEFT REAR	
ENG. / TRANS. STRIP			TAPE DECK			DIFFERENTIAL			OTHER			RIGHT REAR	
MISC. PARTS STRIP			TAPES			TRANSMISSION						SPARE	
BODY METAL STRIP			OTHER RADIO			AUTOMATIC						HUB CAPS	
SURGICAL STRIP per 431(b) VC			IGNITION KEY			MANUAL						SPECIAL WHEELS	

RELEASE VEHICLE TO: <input type="checkbox"/> R/O OR AGENT <input type="checkbox"/> AGENCY HOLD <input type="checkbox"/> 22850.3 VC	GARAGE PRINCIPAL / AGENT STORING VEHICLE (SIGNATURE)	DATE / TIME
NAME OF PERSON / AGENCY AUTHORIZING RELEASE	I.D. NO.	DATE
SIGNATURE OF PERSON AUTHORIZING RELEASE		CERTIFICATION: I, THE UNDERSIGNED, DO HEREBY CERTIFY THAT I AM LEGALLY AUTHORIZED AND ENTITLED TO TAKE POSSESSION OF THE ABOVE DESCRIBED VEHICLE.
SIGNATURE OF PERSON TAKING POSSESSION		

☐ STOLEN VEHICLE / COMPONENT ☐ EMBEZZLED VEHICLE ☐ PLATE(S) REPORT

DATE / TIME OF OCCURRENCE 6-12-07 - 11 PM	DATE / TIME REPORTED SAME	NAME OF REPORTING PARTY (R/P) RO	DRIVER LICENSE NO. / STATE BS625021 / CA
LAST DRIVER OF VEHICLE RO	DATE / TIME SAME	ADDRESS OF R/P RO	TELEPHONE OF R/P (619) 336-7435

I CERTIFY OR DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

SIGNATURE OF PERSON MAKING REPORT
Sergio Zazueta Navarro

REMARKS
(LIST PROPERTY, TOOLS, VEHICLE DAMAGE, ARRESTS)

DRIVER'S NAME	ARRESTED / SECTION? <input type="checkbox"/> YES <input type="checkbox"/> NO	REPORTED BY CORBA	CARGO / TYPE? <input type="checkbox"/> YES <input type="checkbox"/> NO	VALUE \$
				<input type="checkbox"/> BILL OF LADING ATTACHED

FRONT	LEFT SIDE	RIGHT SIDE	REAR	TOP
SIGNATURE OF OFFICER TAKING REPORT [Signature]				
I.D. NO. 13648		SUPERVISOR		REQUIRED NOTICES SENT TO REGISTERED AND LEGAL OWNERS PER 22852 VC? <input type="checkbox"/> YES <input type="checkbox"/> NO
				DATE NOTIFIED

6. INJURY AND ILLNESS PREVENTION PROGRAM

- a. The Command has prepared an IIPP program specific for the Area's needs. The program has been fairly effective considering the gradual reduction in preventable injuries and illnesses experienced by personnel. The IIPP contains the required documents and is reviewed by all employees upon first arriving at the Area, and yearly during the employee's annual appraisal. These reviews are documented in the form of signed memorandums and yearly log entries, respectively. Any unsafe hazards are identified and corrected accordingly.

The IIPP was updated in 2008. However, there are a few deficiencies in updates that will be rectified by the Occupational Safety Coordinator. The latest DOSC and COSC minutes, list of the COSC members, CHP 113A, and the 2009 Area Occupational Safety Goals need to be included.

The Area Motorcycle squad recently received a Commissioner's Unit Citation for safety. During 2008, the squad rode over one million miles without a single preventable collision.

7. COMMUNICATION WITH DOSH

- a. The Administrative Lieutenant and Sergeant, and the OSS II are the point of contact should a DOSH compliance officer come to the Area to conduct a compliance inspection. Required documents are available upon request.

8. HAZARDOUS SUBSTANCE PROGRAM

- a. The Command possesses a Hazardous Substance Program in the form of Hazardous Material Business Plan which is located the Area IIPP. Points of contact, evacuation and emergency procedures, and training descriptions are outlined in the plan.

Warning signs are posted at critical points around the office and grounds. Safety, precautionary, danger, and cleanliness advisories are posted in restrooms, the electrical room, fuel station, office hallway, and other locations of significance.

The Material Safety Data Sheets are located in two clearly visible locations: in the clerical office, on the wall adjacent to the break room and in the ASM office.

Employees have received training in the form of First Responder Awareness (FRA) Training, including uniformed and non-uniformed employees. Employees receive yearly training and it is documented in their training/personnel file. In April of 2009, clerical and ASM personnel received FRA training which included first aid, facility security and bomb training.

9. HAZARDOUS EXPOSURE CONTROL PROGRAM

- a. Substances have been identified within the Command that may expose personnel to hazards. In 1993, Facilities Section determined there was asbestos present within areas of the Area office. As a result, a memorandum was prepared and forwarded to every employee heightening their awareness and prevention to asbestos. In 2001, an amendment memorandum was prepared reminding employees of the presence of asbestos, outlining the survey report as well as the issues related to exposure.

In the event of a hazardous exposure, there is a process to report and mitigate the danger. In addition, a CHP 121 is prepared to document the exposure incident. Recently, a complete facilities inspection was conducted where electrical wiring, outlets, lighting, and other deficiencies were identified. The Administrative Sergeant is currently rectifying every identified discrepancy. The aforementioned list is attached to a CHP 113A and located within the IIPP.

Every employee is trained in the use of safety equipment. Gloves, protective masks, pocket mask, and first aids kits are available to every employee. They are trained in the use and maintenance of the equipment. As stated above, clerical and ASM personnel received training which included first responder and first aid training.

Our ASM personnel are also trained in the operation and inspection of fire extinguishers, hazardous waste storage procedures and the operation and inspection of the fuel station. Fourth quarter of 2008, an extensive inspection of the fuel station was conducted where several hazards and leaks were discovered. Currently the leaks and hazards are being repaired.

All training received by personnel is documented in their personnel or training file.

**COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT**

Page 1 of 2

Command: San Onofre I.F.	Division: Border	Chapter: 15, Occupational Safety
Inspected by: Sergeant Griffith		Date: 5/6/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection:	<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Attachments Included
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: Border Division Due Date:		
Chapter Inspection: Occupational Safety Inspection			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:

None. The Department's Occupational Safety program is very comprehensive.

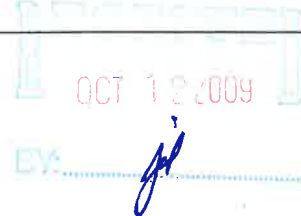
Inspector's Findings:

None.

Commander's Response: ☒ Concur or ☐ Do Not Concur (Do Not Concur shall document basis for response)

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

None.



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COMMAND INSPECTION PROGRAM
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Command: San Onofre I.F.	Division: Border	Chapter: 15, Occupational Safety
Inspected by: Sergeant Griffith		Date: 5/6/2009

Required Action

Corrective Action Plan/Timeline

N/A

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5/6/09
	INSPECTOR'S SIGNATURE 	DATE 5/7/09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE


AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

AREA 651	DIVISION 601	NUMBER 12
EVALUATED BY George Griffith, Sgt.		DATE 04/07/2008

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/01/2010	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		DATE 5/6/09	
BY <input type="checkbox"/> Correction Report		COMMANDER'S REVIEW 	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED X	ACTION REQUIRED —
		CORRECTED	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

- (1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

- (4) Are goals appropriately categorized?

☒ Yes ☐ No

- (5) Are goals realistic?

☒ Yes ☐ No

- (6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

- (7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

- b. Are goals being accomplished?

☒ Yes ☐ No

- (1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

- (2) Are accidents increasing?

☐ Yes ☒ No

- (3) Are injuries increasing?

☐ Yes ☒ No

- (4) Why are they increasing/decreasing?

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

- (6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

- (7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
----------------	-----------------	-----------

- a. Commander actively involved in program?

☒ Yes ☐ No

- (1) Commander active in injury/illness case management?

☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety?

(3) Occupational safety issues discussed at staff meetings and training days? ☒ Yes ☐ No

(4) Are safety issues in the meeting minutes? ☒ Yes ☐ No

(5) Commander comments regarding safety issues in performance evaluations? ☒ Yes ☐ No

(6) Does the commander ensure use of appropriate safety equipment? ☒ Yes ☐ No

b. Are managers/supervisors actively involved in the program? ☒ Yes ☐ No

(1) Are managers/supervisors involved in case management? ☒ Yes ☐ No

(2) Do they have the appropriate attitude? ☒ Yes ☐ No

(3) Are managers monitoring supervisors' progress and efforts to attain goals? ☒ Yes ☐ No

(4) Are supervisors monitoring employees' efforts? ☒ Yes ☐ No

(5) Do managers comment on safety issues in performance evaluations? ☒ Yes ☐ No

(6) Do supervisors comment on safety issues in performance evaluations? ☒ Yes ☐ No

(7) Do managers/supervisors ensure the use of proper safety equipment? ☒ Yes ☐ No

c. Are employees actively involved in the Occupational Safety Program? ☒ Yes ☐ No

(1) Are employees involved in their case management? ☒ Yes ☐ No

(2) Are employees knowledgeable about safety goals? ☒ Yes ☐ No

(3) Are they aware of the command's achievements? ☒ Yes ☐ No

(4) Are employees practicing safety while performing their duties? ☒ Yes ☐ No

(5) Are employees reporting unsafe conditions and/or work practices? ☒ Yes ☐ No

(6) Do employees work cooperatively to minimize hazards? ☒ Yes ☐ No

(7) Do employees offer suggestions to improve occupational safety? ☒ Yes ☐ No

(8) Is employee equipment properly used and maintained? ☒ Yes ☐ No

3. ACCIDENT AND INJURY TRENDS

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. Commander's method of identifying trends? Utilizing statistics and communicating with other commanders with like commands,

(1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No

(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No

(3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? Discuss trends in the Occupational Safety Committee and develop an action plan to correct/prevent the adverse situation.

AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? See Attachment.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED <input type="checkbox"/>
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED <input checked="" type="checkbox"/>	ACTION REQUIRED	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED X	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="checked" type="checkbox"/> Yes	<input type="checkbox"/> No	

Sections 7, 8, and 9 were answered in the figurative sense because there are no hazardous materials stored at the facility. All employees are trained to the extent required to contend with those materials which come into the facility aboard the various vehicles needing inspections. Identification, isolation, and mitigation of potential spills and exposures are an ongoing topic of training and briefing discussions.

**SAN ONOFRE INSPECTION FACILITY
COMMAND OCCUPATIONAL SAFETY
COMMITTEE (COSC) MEMBERS
2009**

Chairperson	Lieutenant Glenda Brents	Permanent
Coordinator	Sergeant George Griffith	Permanent
Co-Coordinator	Officer Marc Lobdell	Permanent

COMMITTEE MEMBERS

SERGEANT

Sergeant Vince Marchante	Permanent
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OFFICERS

Officer Albert Orosco

Officer Lisa Remmes

CVIS

CVIS Mike Zenns

CVIS Max Delvalle

ADMINISTRATION

Office Supervisor Celina Dick

SAN ONOFRE INSPECTION FACILITY / 651 2009 OCCUPATIONAL SAFETY GOALS

GOAL: MINIMIZE ACCIDENTS, INJURIES, AND ATTENDANT COSTS

	Number
1. Deaths	0
2. Preventable Deaths	0
3. Accidental Discharges of Firearms	0
4. Disabling Injuries	1
5. Disabling Illnesses	0
6. Preventable Disabling Injuries	0
7. Preventable Disabling Illnesses	0
8. Recordable Vehicle Collisions	0
9. Preventable Recordable Vehicle Collisions	0

Deaths and Preventable Deaths: To experience no deaths and preventable deaths.

San Onofre Inspection Facility personnel strive to maintain a safe working environment and supervisors/management stresses daily the importance of occupational safety.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Deaths	0	0	0	0	0
Preventable Deaths	0	0	0	0	0

2009 goal for preventable deaths goal is based upon the average number of occurrences during the baseline period through the years 2005 to 2008.

Accidental Discharge of Firearms: To experience zero accidental discharges of a firearm.

Over the past decade, San Onofre Inspection Facility has not experienced an accidental discharge of a firearm. The San Onofre Inspection Facility supervisors, weapons officers and training officer have been extremely proactive in ensuring that weapons are inspected and properly maintained.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Incidents	0	0	0	0	0

San Onofre Inspection Facility's 2009 accidental discharge of firearms goal is based upon the average number of occurrences during the baseline period through the years 2005 to 2008.

Disabling Injuries: To experience no more than **one** disabling injury involving Facility personnel.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	0	0	2	2	1
Non-Uniformed	0	0	1	0	0

San Onofre Inspection Facility's 2009 disabling injuries goal is based upon the average number of occurrences during the baseline period through the years 2005 to 2008.

Disabling Illnesses: To experience no disabling illness involving Facility personnel.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	0	1	1	0	0
Non-Uniformed	0	0	0	0	0

San Onofre Inspection Facility's 2009 disabling illness goal is based upon the average number of occurrences during the baseline period through the years 2005 to 2008.

Preventable Disabling Injuries: To experience no preventable disabling injuries involving Facility personnel.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	0	0	0	0	0
Non-Uniformed	0	0	0	0	0

Preventable Disabling Illnesses: To experience zero preventable disabling illnesses with Facility personnel.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	0	0	0	0	0
Non-Uniformed	0	0	0	0	0

The 2009 preventable disabling injury and illness goals are based upon a perfect safety record in these categories and rooted in the philosophical belief that no injuries or illnesses are acceptable.

Recordable Vehicle Collisions: To experience no recordable vehicle accidents for uniformed or non-uniformed employees.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	0	0	0	0	0
Non-uniformed	0	0	0	0	0

Preventable Recordable Vehicle Collisions: To experience no preventable, recordable vehicle collisions.

	<u>2005</u>	<u>2006</u>	<u>2007</u>	<u>2008</u>	GOAL <u>2009</u>
Uniformed	2	0	0	0	0
Non-uniformed	0	0	0	0	0

San Onofre Inspection Facility has not experienced a vehicle collision since 2006; as such; our goal in both vehicle collision categories will remain at zero. Personnel are continuously reminded there is no acceptable number of *preventable* recordable vehicle collisions.

651 SAN ONOFRE INSPECTION FACILITY 2009 OCCUPATIONAL ACTION PLAN

GOAL STATEMENT: To experience a decrease in vehicle collisions and occupational disabling injuries and maintain a perfect safety record for deaths, illnesses, and accidental discharges involving San Onofre Inspection Facility employees.

<u>FACILITY GOALS</u>	<u>ACTION STEPS</u>	<u>RESOURCES</u>	<u>RESPONSIBILITIES</u>	<u>TIME FRAMES</u>
Experience no recordable or preventable recordable vehicle accidents	<ol style="list-style-type: none"> 1. Employees involved in a preventable recordable automobile accident will attend a COSC meeting to discuss the incident. 2. Individual training will be conducted as necessary when a specific problem or trend is identified. 3. Ride-alongs will be conducted with all uniformed Officers . 4. Employees who make safety suggestions, practice safe work habits and who have accident free records will be recognized. 	<p>Command Occupational Safety Committee (COSC), manager, supervisors, and support staff.</p> <p>Injury Illness Prevention Plan.</p>	<ol style="list-style-type: none"> 1. COSC 2. Supervisors. 3. Supervisors. 4. Supervisors. 	<ol style="list-style-type: none"> 1. As Necessary. 2. As Necessary. 3. Bi-annually. 4. Ongoing.
<p>Experience no</p> <ul style="list-style-type: none"> - deaths - disabling illnesses - preventable disabling injuries - preventable disabling illness <p>Experience no more than ONE</p> <ul style="list-style-type: none"> - disabling injuries 	<ol style="list-style-type: none"> 1. Area will monitor and discuss accidents and injuries involving personnel in an attempt to prevent similar incidents. 2. Local accidents and injuries will be reviewed to determine current and future training needs. 	<p>Command Occupational Safety Committee (COSC), manager, supervisors, and support staff.</p> <p>Injury Illness Prevention Plan.</p>	<ol style="list-style-type: none"> 1. COSC 2. Area Commander, COSC. 	<ol style="list-style-type: none"> 1. Quarterly. 2. Ongoing.


	<p>3. Informational safety material will be presented at training sessions and daily briefing.</p> <p>4. New personnel will attend COSC meetings as part of their orientation.</p>		<p>3. COSC Coordinator.</p> <p>4. COSC Chairperson.</p>	<p>3. COSC Coordinator.</p> <p>4. COSC Chairperson.</p>
<p>Experience no accidental discharges of firearms.</p>	<p>1. Weapons safety discussions will be conducted at training sessions.</p> <p>2. Shooting and weapons handling policies will be briefed during quarterly shooting policy review.</p> <p>3. Personnel will not unholster, load, unload, or dry fire a firearm except at the clearing tube.</p> <p>4. All weapons confiscated as evidence will be handled by an Officer or Sergeant familiar with the weapon.</p> <p>5. While on duty, officers will secure their off duty weapons in a locked locker.</p> <p>6. When at the range, all weapons will be loaded and unloaded on the firing line.</p> <p>7. Unholstered weapons shall be carried with the slide open.</p>	<p>Training and weapons officers. Area Standard Operating Procedures, manager, and supervisors.</p>	<p>1. Weapons Officer.</p> <p>2. Supervisors.</p> <p>3. All Personnel.</p> <p>4. Supervisors and Officers.</p> <p>5. All Personnel.</p> <p>6. Supervisors, Weapons Officer.</p> <p>7. All Uniformed Personnel.</p>	<p>1. Monthly</p> <p>2. Quarterly.</p> <p>3. Ongoing.</p> <p>4. Ongoing.</p> <p>5. As Required.</p> <p>6. On Going.</p> <p>7. Ongoing.</p>

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Westminster Area	DIVISION Border Division	NUMBER 2009-001
EVALUATED BY Lt. L. Davis		DATE 03/23/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW 	
BY _____		DATE 3-23-09	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED X	ACTION REQUIRED CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☒ Yes ☐ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Westminster Area experienced 11 preventable patrol car accidents last year. Inattention was a contributing factor in each collision. Backing movements was the highest category with three collisions, followed by Code 3 operation, rear end, and "short stop" accounting for two collisions each.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED X	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The commander is aware of aspects that occur within his command. He has a very positive attitude and that filters down to all levels in the office.

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

X

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC? Commander, lieutenant, two sergeants, five officers, non-uniformed supervisor, and one non-uniformed rank-and-file. Bargaining Unit 7 is not represented on the committee.

(1) Is there representation from each collective bargaining unit?

☐ Yes ☒ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☐ Yes ☒ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☐ Yes ☒ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☐ Yes ☒ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

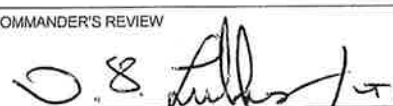
STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED X	ACTION REQUIRED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED X	ACTION REQUIRED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED X	ACTION REQUIRED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA CAPISTRANO	DIVISION BORDER	NUMBER 690
EVALUATED BY Sergeant S. Doumas, #11027		DATE 03/12/2009

Q5
Dir 3/20/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 03/17/09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No
		CORRECTED NA	

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☒ Yes ☐ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Area managers and supervisors encourage safe working practices on an ongoing basis. All employees reporting to Area receive a one on one briefing regarding the Department's Occ. Safety goals and directives by the Area Occ. Safety Coordinator. Continued emphasis over the past several years made a positive impact to reduce or minimize incidents.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED NA
------------------	-----------------------	-----------------

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? The Area Commander understands the importance for all

employees to conduct safe work practices and to report any unsafe working conditions to ensure corrective measures are taken for a safe working environment.

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	Yes	No	NA

a. Commander's method of identifying trends? The Commander and Lieutenant depend on information provided by supervisors, officers and non-uniformed staff regarding input on hazardous situations to avoid accidents and injuries. All occupational incidents involving accidents and injuries are reviewed by supervisors and forward to the management staff for review.

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified? If a trend is identified the incidents are reviewed for common causative factors and the appropriate avoidance measures are implemented to mitigate all unsafe practices.

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED
NA

a. What is the composition of the COSC? Area managers, supervisors, officers and non-uniformed staff.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED NA
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED NA
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED NA
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED NA
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No
		CORRECTED NA
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

M e m o r a n d u m

Date: September 29, 2009

To: Office of Inspections

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Rainbow Inspection Facility

File No.: 686.11393.chapter12.new

Subject: **RESPONSE TO RAINBOW INSPECTION FACILITY (686)**
COMMAND OCCUPATIONAL SAFETY REPORT

This memorandum is intended to serve as the written response to the informal command level Occupational Safety inspection report of Rainbow Inspection Facility dated May 14, 2009.

FINDINGS REQUIRING FOLLOW-UP:

Finding 1 – Agree. Implement proper use of the CHP 113B report, document unsafe conditions and attach copy to Command IIPP. This item has been accomplished.

Finding 2 – Agree. Provide training to employees regarding specific occupational safety goals, and how to deal with DOSH inspections. This item has been accomplished.

Finding 3 – Agree. Utilize an agenda for future Occupational Safety Meetings. This item has been accomplished.

Finding 4 – Agree. Review personnel files and complete CHP 712A for review of IIPP for all employees. This item has been accomplished.

Finding 5 – Agree. Order the proper DMV form and utilize that form for employee driver license record checks. DMV INF 252 was ordered and is being utilized for this task.

Questions regarding this response may be directed to Lieutenant Bob Specht via e-mail at rwspecht@chp.ca.gov or by telephone at (951) 506-2020.



R. W. SPECHT, Lieutenant
Commander

cc: Office of the Assistant Commissioner, Field
Border Division

Safety, Service, and Security

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 1 of 2

Command: Rainbow IF	Division: Border	Chapter: 12
Inspected by: Sergeant M. H. Brey, 10164		Date: 05-14-2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		Total hours expended on the inspection: 24	<input checked="" type="checkbox"/> Corrective Action Plan Included <input checked="" type="checkbox"/> Attachments Included
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: Border Division Due Date: 06-30-2009		
Chapter Inspection:			
Inspector's Comments Regarding Innovative Practices:			

None.

Command Suggestions for Statewide Improvement:
--

None.

Inspector's Findings:

Overall, Rainbow Inspection Facility is a safe and healthy work environment. Issues which address the safety of the work environment or well being of the employees are promptly addressed and resolved. The facility management team understands the importance of occupational work place safety, and has taken steps to promote a safe working environment.

Several issues were identified to improve program effectiveness including the dissemination of information and training to all employees regarding goals and DOSH inspection procedures; the use of an occupation safety meeting agenda; the use of the CHP 113B to address any identified work place hazards. Injury and illness prevention plan records of employee review are incomplete and are being updated.

Commander's Response: <input checked="" type="checkbox"/> Concur or <input type="checkbox"/> Do Not Concur (Do Not Concur shall document basis for response)
--

Concur.

FLED MAY 20 2009

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Rainbow IF	Division: Border	Chapter: 12
Inspected by: Sergeant M. H. Brey, 10164		Date: 05-14-2009

Inspector's Comments: Shall address non concurrence by commander (e.g., findings revised, findings unchanged, etc.)

Required Action

Corrective Action Plan/Timeline

Implement proper use of the CHP 113B report, document unsafe conditions and attach copy to Command IIPP – effective immediately.

Provide training to employees regarding specific occupational safety goals, and how to deal with DOSH inspections – within 90 days.

Utilize an agenda for future Occupational Safety meetings – ongoing.

Review personnel files and complete CHP 712A for review of IIPP for all employees – within 30 days.

Order DMV form INF 254 and utilize for employee driver license checks – forms ordered, use of form ongoing.

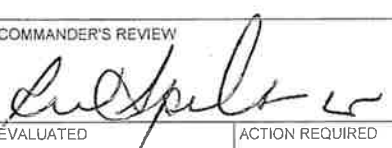
<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 5-18-2009
	INSPECTOR'S SIGNATURE 	DATE 5-18-2009
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Rainbow I. F.	DIVISION Border	NUMBER 686
EVALUATED BY Sergeant M. Brey 10164		DATE 05/11/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		CORRECTION REPORT <input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW  DATE 5-14-2009
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☐ Yes ☒ No

(4) Are goals appropriately categorized? ☒ Yes ☐ No

(5) Are goals realistic? ☒ Yes ☐ No

(6) Are goals consistent with departmental objectives? ☒ Yes ☐ No

(7) Is input from all levels considered before goals are established? ☒ Yes ☐ No

b. Are goals being accomplished? ☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No

(2) Are accidents increasing? ☒ Yes ☐ No

(3) Are injuries increasing? ☒ Yes ☐ No

(4) Why are they increasing/decreasing? See attached

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
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a. Commander actively involved in program? ☒ Yes ☐ No

(1) Commander active in injury/illness case management? ☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? See attached

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Are employees knowledgeable about safety goals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
3. ACCIDENT AND INJURY TRENDS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED

a. Commander's method of identifying trends? See attached

- (1) Are accidents and injuries being monitored to identify trends? ☒ Yes ☐ No
- (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? ☒ Yes ☐ No
- (3) Are personnel in the command aware of current and potential trends? ☒ Yes ☐ No

b. What corrective action has the command taken when a trend has been identified? See attached

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
Yes

CORRECTED

a. What is the composition of the COSC? See attached

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☒ Yes ☐ No

(6) COSC meetings held quarterly? ☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained? ☒ Yes ☐ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☐ Yes ☒ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☒ Yes ☐ No

(3) Are minutes included in IIPP file? ☒ Yes ☐ No

(4) Minutes maintained current year, plus three? ☒ Yes ☐ No

(5) Minutes forwarded through channels? ☒ Yes ☐ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED Yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED Yes	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(5) Training documented?

☒ Yes ☐ No

(6) Employees informed of their right to applicable medical and exposure information?

☒ Yes ☐ No**9. HAZARDOUS EXPOSURE CONTROL PROGRAMS**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. Activities identified within command that may require exposure to hazardous conditions?

☒ Yes ☐ No

(1) Appropriate engineering and/or administrative controls implemented?

☒ Yes ☐ No

(2) Protective equipment provided in accordance with bargaining unit agreements?

☒ Yes ☐ No

(3) Employees trained on use and maintenance of equipment?

☒ Yes ☐ No

(4) Training documented?

☒ Yes ☐ No

Goals and Accomplishments:

1. b. (4). There has been one preventable recordable collision which occurred on 04/21/2009. This is the first collision of this type since 2004. There has been one cumulative trauma injury and one training injury at the Academy during Officer Safety Training trainer certification this year. Both injuries are non-preventable did not involve Facility operations. There has been no increase in Facility-related injuries due to the efforts of all employees ensuring safety in the workplace.

Participation:

2. a. (1) - (5). The Facility Commander is very concerned with the health and safety of all employees. He regularly discusses and stresses safety issues at training days and staff meetings. The Commander ensures occupational safety comments are entered monthly by supervisors for all employees.

2. c. (2). To ensure all employees are knowledgeable about safety goals a quarterly review of Occupational Safety and Facility goals will be conducted on training days.

Accident and Injury Trends:

3. a. The Commander reviews all injury and accident reports to assist him in identifying any potential trends. All accidents and injuries are discussed at occupational safety committee meetings where suggestions are provided to prevent future occurrences.

3. b. A potential trend of employees lowering the Southbound Facility bay door to ensure trucks would not interfere with the door's operation was identified. The electrical switch at the bay door exit was disconnected. Employees must use the switch at the entrance to ensure the truck is fully within the bay. Further, where a specific injury trend has been identified, documentation has been provided to the employee addressing the deficiency.

Command Occupational Safety Committee:

- 4. a. The committee is chaired by the Facility Commander, Lieutenant R. Specht. Sergeant M. Brey is the Occupational Safety Coordinator. Committee members include: Office Supervisor R. Cheek, CVIS James Jackson, Officer C. Barres, and Officer J. Wolf.
- 4. b. (2). An agenda was not consistently prepared. The Occupational Safety Coordinator will ensure an agenda is prepared prior to each meeting.
- 4. g. (1) - (2). Employees report any potential hazards to the supervisors either verbally or by e mail. They are then handled in a timely manner by the Facility Maintenance Coordinator.

Documentation:

- 5. f. No CHP 113B, Hazard Report/ Inspection, forms have been filed. There are blank forms in the Illness and Injury Prevention Plan for employees to use when needed.
- 5. j. The CHP 712A's had not been signed indicating employees had reviewed the Illness and Injury Prevention Plan that was revised August 2008. All employees will review and sign their respective CHP 712A within 30 days.

Injury and Illness Prevention Program:

- 6. a. (2). A copy of the CHP 712 A for each employee was not in the Illness and Injury Prevention Plan. Copies will be placed with the Plan.

Communication with DOSH:

- 7. a. Employees are not aware of the procedures regarding Division of Occupational Safety and Health (DOSH) inspections. This issue has been identified and will be addressed at future area training dates.

Action Items:

2. c. (2). To ensure all employees are knowledgeable about safety goals, a review of Occupational Safety and Facility goals will be conducted by each employee within the next 30 days.
4. b. (2). An agenda for the Occupational Safety meeting was not consistently prepared. The Occupational Safety Coordinator will ensure an agenda is prepared prior to each Occupational Safety Committee meeting.
5. j. The CHP 712A's had not been signed indicating employees had reviewed the Illness and Injury Prevention Plan that was revised August 2008. All employees will review and sign their respective CHP 712A within 30 days.
6. a. (2). A copy of the CHP 712 A for each employee was not in the Illness and Injury Prevention Plan. Copies will be included with the Plan within the next 30 days.
7. a. Employees were not aware of the procedures regarding Division of Occupational Safety and Health (DOSH) inspections. This issue has been identified and will be addressed within the next 30 days.

AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

AREA	DIVISION	NUMBER
Indio	Border	630
EVALUATED BY		DATE
Sergeant J. D. Rice		03/25/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Correction Report BY _____	COMMANDER'S REVIEW <i>[Signature]</i>	DATE <i>3/27/09</i>
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No

1. GOALS AND ACCOMPLISHMENTS

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? ☒ Yes ☐ No

- | | | |
|--|---|-----------------------------|
| (1) Are goals developed in accordance with departmental policy? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (4) Are goals appropriately categorized? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (5) Are goals realistic? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are goals consistent with departmental objectives? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Is input from all levels considered before goals are established? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- b. Are goals being accomplished? ☒ Yes ☐ No

- | | | |
|--|---|--|
| (1) Accurate reporting on CHP 113, Accident and Injury Report? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Are accidents increasing? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (3) Are injuries increasing? | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| (4) Why are they increasing/decreasing? | | |

- | | | |
|---|---|-----------------------------|
| (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (6) Are employees knowledgeable about goals and achievements? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (7) Are employees providing suggestions toward goal attainment? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	

- a. Commander actively involved in program? ☒ Yes ☐ No

- (1) Commander active in injury/illness case management? ☒ Yes ☐ No

- (2) What is the commander's attitude regarding occupational safety?

AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS

EVALUATED	ACTION REQUIRED	CORRECTED
Yes	No	

a. Commander's method of identifying trends?

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

What corrective action has the command taken when a trend has been identified?

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

Yes

ACTION REQUIRED

No

CORRECTED

a. What is the composition of the COSC?

(1) Is there representation from each collective bargaining unit?

☒ Yes☐ No

(2) Management and supervisory representation?

☒ Yes☐ No

(3) Command Safety Coordinator assigned?

☒ Yes☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes☐ No

(5) Are committee assignments rotated?

☐ Yes☒ No

(6) COSC meetings held quarterly?

☒ Yes☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes☒ No

(8) Do all committee members attend the meetings?

☒ Yes☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes☐ No

(2) Is an agenda prepared prior to the meeting?

☐ Yes☒ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes☐ No

(5) Are assignments given during Area meetings?

☒ Yes☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes☐ No

(1) Recording secretary appointed?

☒ Yes☐ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes☒ No

(3) Are minutes included in IIPP file?

☐ Yes☒ No

(4) Minutes maintained current year, plus three?

☒ Yes☐ No

(5) Minutes forwarded through channels?

☒ Yes☐ No

d. Is the COSC effective?

☒ Yes☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes☐ No

Are outside agency safety programs utilized as a resource?

☐ Yes☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes☐ No

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED Yes	ACTION REQUIRED No
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

Memorandum

Date: March 25, 2009

To: Indio Area

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Indio Area

File No.: 630.11557.11907

Subject: AREA EVALUATION, CHAPTER 12, OCCUPATIONAL SAFETY

On March 25, 2009, an evaluation of the Occupational Safety Program in the Indio Area was conducted by Sergeant J. D. Rice, the Area's Occupational Safety Sergeant. This evaluation was done to assist individuals in the Area, at all levels, in reaching departmental objectives and individual goals through the proper use of available resources and the maintenance of acceptable levels of safe work practices. Attached is a report of the in-depth evaluation.

1. GOALS AND ACCOMPLISHMENTS:

a. Captain Sutherland clearly indicated what the Indio Area was accomplishing through an active Occupational Safety Program. Captain Sutherland discussed the Area's patrol car collisions and was well aware of how each collision occurred. The Area constantly re-evaluates current trends in order to modify their program and training. During the calendar year 2008, the Area experienced four (4) preventable patrol car collisions. This was an increase of two (2) from the 2007 and 2006 year in which the area had two (2) collisions respectively. It was however a decrease of two (2) from the year 2005 and a decrease in (1) from the the year 2004. Officers involved in a preventable collision had corrective action taken against them and attended an Area Occupational Safety Meeting.

1a.(7) The Commander is very active in the Area's Occupational Safety Program. She continually solicits input from uniformed and non-uniformed personnel concerning the Area's Occupational Safety practices to assist in improving the Area's program.

2. PARTICIPATION:

a. The Area Commander is actively involved in all aspects of the Occupational Safety Program and maintains a very proactive role in its implementation. Her enthusiasm provides a positive example for all employees. Additionally, there is active involvement/participation in the Occupational Safety Committee from managers, supervisors, officers, and non-uniformed personnel. The Area Commander is the Chairperson of the committee.

Safety, Service, and Security

3. COLLISION AND INJURY TRENDS:

a. The Commander and Occupational Safety Sergeant identify collision trends in the Area through various methods. These include, but are not limited to, reviewing all collision related documentation and discussing the collision with shift supervisors and involved officers. Supervisors continue to stress the importance of remaining alert at all times to potential hazards and the utilization of defensive driving techniques. The Area Commander also discusses occupational safety at staff meetings. The Area aggressively works to reduce the number of preventable patrol vehicle collisions.

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE:

a. The Area's Occupational Safety Committee is comprised of all levels of uniformed and non-uniformed personnel. The Area Commander serves as the chairperson and attends all of the occupational safety meetings.

a.(7) COSC meetings are held quarterly. Due to the varying shifts and workloads it is very difficult to remove members of the COSC from their respective assignments to attend additional meetings. In lieu of increasing the number of meetings, the commander has chosen to speak to members of the COSC individually when necessary. During these discussions the commander addresses any concerns she has in regards to the Area meeting its occupational safety projections for the year. During these discussions she solicits input as to what can be done to stem the increases.

c.(3) The minutes are kept in the Occupational Safety Binder along with the Area's CHP 121's and STD 270's. This binder is maintained by the Area's Office Supervisor. (G. Green).

g.(1) The Area utilizes the CHP 113B to document/report hazards. These forms are readily available to Area personnel. All actual or potential hazardous conditions are documented on this form, and a copy placed in the Area's Injury Illness Prevention Program Manual. The information is also disseminated accordingly.

g.(7) The Occupational Safety Sergeant maintains the Occupational Safety Board for the Area.

5. DOCUMENTATION:


The required occupational safety forms are being completed as required. An Injury and Illness Prevention Plan Orientation and Review (CHP 712A) Form is completed for all employees. An Injury and Illness Prevention Program memorandum is also completed for all employees at the time of their yearly evaluation. A STD 612, California Worker's Compensation Notice to State Employees Form, is posted in three locations in the building; the Area briefing room, the bulletin board in the front office near the main hallway, and the bulletin board in the break room.

e.(1) There had not been any verifiable safety inspections performed in the recent past. This oversight has been corrected and the required semi-annual inspections will be performed in the future.

j.(1) Specific training pertaining to occupational safety is documented in the involved employee's personnel files by the Area Training Officer and/or a Sergeant.

SUMMARY:

Indio Area personnel have a good working knowledge of and realize the importance of the Occupational Safety Program. The Commander and staff are interested in everyone's personal welfare. Safe vehicle operation and the reduction/elimination of patrol vehicle collisions and preventable injuries will remain one of the Area's primary goals.


J. D. RICE
Sergeant

SAFETY INSPECTION CHECKLIST

CHP 113A (Rev. 9-96) OPI 090

DIVISION


Border

SECTION/AREA

Indio Area / 630

☒ Indicates satisfactory

☒ Indicates correction needed (explain fully in Remarks by number)

A. PARKING LOTS <input checked="" type="checkbox"/> 1. Access visibility <input checked="" type="checkbox"/> 2. Traffic hazards <input checked="" type="checkbox"/> 3. Chuck holes/weeds <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Fire Hazards <input checked="" type="checkbox"/> 6. Drainage <input checked="" type="checkbox"/> 7. Handicapped spaces <input checked="" type="checkbox"/> 8. Debris/leaves <input type="checkbox"/> 9. Other:	B. BUILDING ENTRIES—EXITS <input checked="" type="checkbox"/> 1. Sidewalks <input checked="" type="checkbox"/> 2. Steps <input checked="" type="checkbox"/> 3. Railings <input checked="" type="checkbox"/> 4. Floor surface <input checked="" type="checkbox"/> 5. Lighting <input checked="" type="checkbox"/> 6. Doors, swing out <input checked="" type="checkbox"/> 7. Wet weather entry <input checked="" type="checkbox"/> 8. Floor mats <input checked="" type="checkbox"/> 9. Other:
C. FIRE PROTECTION <input checked="" type="checkbox"/> 1. Extinguishers, hoses <input checked="" type="checkbox"/> 2. Exits and exit signs <input checked="" type="checkbox"/> 3. Heating system <input type="checkbox"/> A. If boiler, inspection tag <input checked="" type="checkbox"/> B. Water heaters, vents, valves <input checked="" type="checkbox"/> 4. Ammo and shotgun storage <input checked="" type="checkbox"/> 5. Flare storage <input type="checkbox"/> 6. Other:	D. EQUIPMENT <input checked="" type="checkbox"/> 1. Desks <input checked="" type="checkbox"/> 2. Chairs, casters <input checked="" type="checkbox"/> 3. Tables <input checked="" type="checkbox"/> 4. Ladders <input checked="" type="checkbox"/> 5. File cabinets <input checked="" type="checkbox"/> 6. File drawers <input checked="" type="checkbox"/> 7. Electrical <input type="checkbox"/> 8. Other:
E. HOUSEKEEPING <input checked="" type="checkbox"/> 1. Space utilization <input checked="" type="checkbox"/> 2. Aisles, floors, stairs <input checked="" type="checkbox"/> 3. Storage <input checked="" type="checkbox"/> 4. Lighting <input checked="" type="checkbox"/> 5. Ventilation <input checked="" type="checkbox"/> 6. Electrical Cords <input checked="" type="checkbox"/> 7. Fire hazards <input checked="" type="checkbox"/> 8. Waste disposal <input type="checkbox"/> 9. Other:	F. AUTOMOTIVE SERVICE <input checked="" type="checkbox"/> 1. Windshield cleaning equip. <input checked="" type="checkbox"/> 2. Housekeeping <input checked="" type="checkbox"/> 3. Flammables <input checked="" type="checkbox"/> 4. Electrical tools, grounding <input checked="" type="checkbox"/> 5. Waste disp., covered cans <input checked="" type="checkbox"/> 6. Ventilation <input type="checkbox"/> 7. Washrack <input checked="" type="checkbox"/> 8. Fire extinguishers <input checked="" type="checkbox"/> 9. Dispenser equip. (gas/oil) <input checked="" type="checkbox"/> 10. Spills <input checked="" type="checkbox"/> 11. Vents clear <input type="checkbox"/> 12. Eye wash station <input type="checkbox"/> 13. Other:
G. PLASTIC BULLET RANGE <input checked="" type="checkbox"/> 1. Control of live ammunition <input type="checkbox"/> 2. Problem(s) from possible live ammunition <input type="checkbox"/> 3. Backstop in repair <input type="checkbox"/> 4. Other:	H. PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> 1. Helmets and straps <input checked="" type="checkbox"/> 2. Ear protection <input checked="" type="checkbox"/> 3. Eye protection <input type="checkbox"/> 4. Waterless soap <input type="checkbox"/> 5. Other:
I. SAFETY BULLETIN BOARD <input checked="" type="checkbox"/> 1. Neat and attractive <input checked="" type="checkbox"/> 2. Display changed regularly <input checked="" type="checkbox"/> 3. Safety messages <input checked="" type="checkbox"/> 4. Required postings <input type="checkbox"/> 5. Other:	

REMARKS

INSPECTED BY

J. D. Rice 11907 / Sergeant

DATE

03/25/2009

COPY

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA DESERT HILLS IF	DIVISION BORDE	NUMBER 656
EVALUATED BY SGT TJ CLARKE III		DATE 3/18/09

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		COMMANDER'S REVIEW R. HILL	DATE 3-26-09
BY _____		EVALUATED	ACTION REQUIRED
1. GOALS AND ACCOMPLISHMENTS			CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13? **NO CHAPT. 13 IN MOST CURRENT HPM 10.6**

☐ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☐ Yes ☒ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing?

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED	ACTION REQUIRED	CORRECTED
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a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety?

POSITIVE AND COOPERATIVE

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED 3/04/09	ACTION REQUIRED	CORRECTED
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a. Commander's method of identifying trends?

DIVISION ODC SAFETY COMMITTEE MEETING MINUTES/Info, AREA CHP 442, CHP 113

(1) Are accidents and injuries being monitored to identify trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are personnel in the command aware of current and potential trends?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

b. What corrective action has the command taken when a trend has been identified?

*SUPERVISORS MONITOR PERSONNEL USE OF PROPER EQUIPMENT, MONTHLY
CHP 113 SAFE TIP COMMENTS, BRIEFING ITEMS, AREA TRAINING DAY INSTRUCTIONS*

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(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED

ACTION REQUIRED

CORRECTED

a. What is the composition of the COSC?

AREA COMMANDER, OCC. SAFETY SUPERVISOR, CLERICAL REPRESENTATIVE, JANITOR, AREA CHHP REP, BLI 12 REPRESENTATIVE, ONE (1) OFFICER ONE (1) CIVIL, SPECIAL DUTY OFFICER

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☐ Yes ☒ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☐ Yes ☒ No

(2) Minutes posted on command's Occupational Safety Board?

☒ Yes ☐ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☐ Yes ☒ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

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(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED 3/64/09	ACTION REQUIRED CORRECTED
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
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(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review? <i>ETRS</i>	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED <i>3/06/09</i>	ACTION REQUIRED CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is required documentation maintained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED <i>3/06/09</i>	ACTION REQUIRED CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED <i>03/18/09</i>	ACTION REQUIRED CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No


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(5) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED 3/18/09	ACTION REQUIRED	CORRECTED
a. Activities identified within command that may require exposure to hazardous conditions?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Oceanside	Division: Border	Chapter: Occupational Safety
Inspected by: Sergeant Van Orsdel		Date: 3/01/2009

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Forward to: _____ Due Date: _____	Commander's Signature: 	Date: 6-16-09

Chapter Inspection: _____

Inspector's Comments Regarding Innovative Practices: _____

Command Suggestions for Statewide Improvement: _____

Inspector's Findings: _____

The Oceanside Area has an effective Occupational Safety Program. Officer Safety is stressed during training days and briefings. Area supervisors have taken a proactive approach to Occupational Safety. They encourage all employees to maintain a safe working environment. Sergeants frequently observe and comment on the safety practices of officers during ride-alongs and other incidents. Considering the age of the Area office (42 years), and its crowded condition, employees are working effectively to maintain a safe working environment.

Commander's Response: _____

Inspector's Comments: _____

Required Action

Corrective Action Plan/Timeline

COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 2 of 2

Command: Oceanside	Division: Border	Chapter: 12 Occ Safety
Inspected by: Sergeant van Orsdel		Date: 3/01/2009

Required Action

Corrective Action Plan/Timeline

<input type="checkbox"/> Employee would like to discuss this report with the reviewer. (See HPM 9.1, Chapter 8 for appeal procedures.)	COMMANDER'S SIGNATURE 	DATE 6-16-09
	INSPECTOR'S SIGNATURE 	DATE 6-30-09
<input type="checkbox"/> Reviewer discussed this report with employee <input type="checkbox"/> Concur <input type="checkbox"/> Do not concur	REVIEWER'S SIGNATURE	DATE

AREA Oceanside	DIVISION Border	NUMBER 650
EVALUATED BY Sergeant K. Van Orsdel, 12118		DATE 03/01/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input type="checkbox"/> Formal Evaluation <input checked="" type="checkbox"/> Informal Evaluation		SUSPENSE DATE	
FOLLOW-UP REQUIRED <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Correction Report BY <i>[Signature]</i>	COMMANDER'S REVIEW <i>[Signature]</i>
		DATE 4-24-09	
1. GOALS AND ACCOMPLISHMENTS		EVALUATED Yes	ACTION REQUIRED No
		CORRECTED N/A	

- a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?
- ☒ Yes ☐ No
- (1) Are goals developed in accordance with departmental policy? ☒ Yes ☐ No
- (2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals? ☒ Yes ☐ No
- (3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals? ☒ Yes ☐ No
- (4) Are goals appropriately categorized? ☒ Yes ☐ No
- (5) Are goals realistic? ☒ Yes ☐ No
- (6) Are goals consistent with departmental objectives? ☒ Yes ☐ No
- (7) Is input from all levels considered before goals are established? ☒ Yes ☐ No
- b. Are goals being accomplished? ☒ Yes ☐ No
- (1) Accurate reporting on CHP 113, Accident and Injury Report? ☒ Yes ☐ No
- (2) Are accidents increasing? ☐ Yes ☒ No
- (3) Are injuries increasing? ☐ Yes ☒ No
- (4) Why are they increasing/decreasing? Occupational Safety is stressed with all employees by supervisors and managers alike.

- (5) Is CHP 113, Accident and Injury Report, posted or readily accessible? ☒ Yes ☐ No
- (6) Are employees knowledgeable about goals and achievements? ☒ Yes ☐ No
- (7) Are employees providing suggestions toward goal attainment? ☒ Yes ☐ No

2. PARTICIPATION

EVALUATED Yes	ACTION REQUIRED No	CORRECTED N/A
------------------	-----------------------	------------------

- a. Commander actively involved in program? ☒ Yes ☐ No
- (1) Commander active in injury/illness case management? ☒ Yes ☐ No
- (2) What is the commander's attitude regarding occupational safety? Commander is actively supporting the Occupational Safety program, employee safety is stressed with officers at briefings and training days alike.

(1) Are commanders, managers, and supervisors actively implementing corrective actions? ☒ Yes ☐ No

4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)

EVALUATED
Yes

ACTION REQUIRED
No

CORRECTED

a. What is the composition of the COSC? Area commander, Administrative Sergeant, Office Services Supervisor, and representatives from other bargaining units within the Area.

(1) Is there representation from each collective bargaining unit? ☒ Yes ☐ No

(2) Management and supervisory representation? ☒ Yes ☐ No

(3) Command Safety Coordinator assigned? ☒ Yes ☐ No

(4) Command Safety Coordinator active and effective? ☒ Yes ☐ No

(5) Are committee assignments rotated? ☐ Yes ☒ No

(6) COSC meetings held quarterly? ☐ Yes ☒ No

(7) Are meetings held more frequently when goals are not being attained? ☐ Yes ☒ No

(8) Do all committee members attend the meetings? ☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP? ☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities? ☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting? ☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available? ☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings? ☒ Yes ☐ No

(5) Are assignments given during Area meetings? ☒ Yes ☐ No

c. Minutes prepared for the COSC meeting? ☒ Yes ☐ No

(1) Recording secretary appointed? ☒ Yes ☐ No

(2) Minutes posted on command's Occupational Safety Board? ☐ Yes ☒ No

(3) Are minutes included in IIPP file? ☐ Yes ☒ No

(4) Minutes maintained current year, plus three? ☐ Yes ☒ No

(5) Minutes forwarded through channels? ☐ Yes ☒ No

d. Is the COSC effective? ☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command? ☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries? ☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues? ☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety? ☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource? ☐ Yes ☒ No

g. Does the command maintain an effective health and safety communications system? ☒ Yes ☐ No

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Command specific IIPP on file?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Is the program effective?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Contains all required documents?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Discussed with all employees?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) All employees understand their roles and responsibilities?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(8) Is required documentation maintained according to policy?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
7. COMMUNICATION WITH DOSH	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Command's documents readily available for review by DOSH Compliance Officer?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED Yes	ACTION REQUIRED No	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(1) Are hazardous substances identified and properly labeled?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(2) Warning signs posted?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(3) Material Safety Data Sheets readily available?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
(4) Employees receive training?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

1. GOALS AND ACCOMPLISHMENTS:

- a. The command is very familiar with the Occupational Safety Program. Area Occupational Safety goals are set realistically and are categorized in accordance with departmental goals.
- b. The command is presently meeting its goals in all categories. All recordable accidents and injuries are accurately reported on the CHP 113. The CHP 113 is not routinely posted, however it is available for review by any employee in the clerical or Administrative Sergeant's file.

Both accidents and injuries decreased in 2008 from the prior year.

2. PARTICIPATION:

- a. The Area Commander attends the Division Occupational Safety Committee meetings which are held via conference call on a quarterly basis. The Area's goals and accomplishments are discussed at all training days. Accidents and injuries are debriefed as soon as practical during shift briefings and input is sought from all employees with the goal of preventing the same incident from repeating itself.
- b. Area Management and Supervisors are actively involved in the Occupational Safety program and routinely discuss items of concern at the Staff Meetings. Area Supervisors keep management apprised of all new accidents and injuries. Supervisors keep in frequent contact with injured employees. Supervisors are encouraged to observe employees working in the field and make pertinent comments on their monthly CHP 100 forms. Approximately 75 percent of the performance evaluations contained occupational safety comments.
- c. All employees are "Safety Aware." Employees both civilian and uniformed regularly identify unsafe conditions to the Administrative Sergeant who takes the necessary steps to correct the condition. Uniformed employees routinely discuss practices they perceive to be unsafe among their peers. The Oceanside Area lost two officers in the line of duty in 2000 and 2001. As a result, uniformed employees have a heightened awareness of safety.

3. **ACCIDENT AND INJURY TRENDS:**

- a. The commander reviews each incident that involves an accident or injury and compares that to any previous incidents which are similar in nature.
- b. Area supervisors conduct semi-annual ride-alongs with each field officer. The supervisors discuss the importance of occupational safety with all employees and encourage their direct participation. If a trend is identified procedures are modified as necessary and personnel are briefed of any modification.

4. **COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC):**

- a. The Area Commander serves as the committee chairperson with the Administrative Sergeant serving as the Command Safety Coordinator.

Formal COSC meetings have not been held quarterly in the recent past. The first quarter 2009 meeting will be held in April 2009, following the DOSC meeting.

5. **DOCUMENTATION:**

- a. STD 261 forms (Authorization to Use Privately Owned Vehicles on State Business) are signed and updated annually during the performance appraisal review. The forms are on file in every personnel folder.
- b. During the completion of the annual CHP 118, Area Supervisors check on the status of the employee's Driver's License. All employee's possess a valid Driver's License.
- c. Entries on the OSHA 300, Log of Occupational Injury and Illnesses are accurate and are entered within the required 6 working day time frame. The logs are kept for five years plus the current year and are readily available for review by CAL-OSHA representatives.
- d. The Administrative Sergeant is responsible for completing the CHP 113, Accident and Injury Report. After being reviewed by the Area Commander, the CHP 113 is forwarded to Border Division as required.

- e. The Administrative Sergeant is responsible for completing the CHP 113A, Safety Inspection Checklist. Items needing corrective action are addressed as necessary. The CHP 113A has currently been maintained in Area files as well as the IIPP.
- f. The Area currently does not utilize the CHP 113B, Hazard Report/Inspection. Hazardous situations brought to the attention of the Area are addressed within the required 30 day time frame, if not immediately.
- g. CHP 121 packages are accurately completed upon knowledge or report of an injury/exposure. All forms are reviewed by supervisors and managers alike prior to submission to SCIF. The required documentation is sent to SCIF within the required 24 hour time frame.
- h. The CHP 208, Accident Prevention Report is completed accurately within the required time frame. Supervisors routinely provide comment and or input relative to the cause of the accident. The Area Commander is the final level of review on all CHP 208's.
- i. Recordable injuries and accidents are recorded on the CHP 442, Individual Accident, Injury and Safety Recognition Record. The CHP 442 is updated at the same time the CHP 121 and CHP 208's are processed by clerical. CHP 442's are kept in a separate binder in the clerical office. Safety Recognition Summary is maintained by the Administrative Sergeant and is current.
- j. CHP 712A, Injury and Illness Prevention Program Orientation and Review forms current and maintained in the employee's personnel file.

6. INJURY AND ILLNESS PREVENTION PROGRAM (IIPP):

- a. The Area has a written, specific IIPP program which was recently updated and has been reviewed with all employees. The orientation and review is documented on every employees CHP 712A.

7. **COMMUNICATION WITH DOSH:**

The Area Administrative Sergeant and alternate, Clearance Officer, are the point of contact should a DOSH compliance officer come to the Area and conduct a compliance inspection.

8. **HAZARDOUS SUBSTANCES PROGRAM:**

Material Safety Data Sheets (MSDS) are maintained in the command library, and are available for all employees to view. The Area has proper warning signs posted near the fuel island, electrical panels and used motor oil containment tank.

9. **HAZARDOUS EXPOSURE CONTROL PROGRAM:**

Personal protective equipment, such as road hazard gloves, latex gloves, CPR masks, sand goggles and dust/particulate masks are available to all employees. The Area maintains a "spill kit" adjacent to the fuel island to be used in the event of a fuel spill. The auto technician has attended the required training to properly manage the fuel storage system.

10. **SUMMARY:**

The Oceanside Area has an effective Occupational Safety Program. Officer Safety is stressed during training days and all employees are encouraged to maintain a safe working environment. Area supervisors have taken a proactive approach to Occupational Safety. They frequently observe and comment on the safety practices of officers during ride-alongs and other incidents.

le

Memorandum

Date: May 15, 2009

To: Border Division

From: **DEPARTMENT OF CALIFORNIA HIGHWAY PATROL**
Temecula Area

File No.: 685.11495

Subject: RECONCILIATION MEMORANDUM – CHAPTER 12 INSPECTION

In March 2009, the Temecula Area performed an Area Management Evaluation of their Occupational Safety program. The following deficiencies were identified and have been corrected:

1. The Command Occupational Safety meeting minutes have been posted on the Area's Occupational Safety board.
2. On May 10, 2009, Sergeant Sawasaki conducted a safety inspection, utilizing the CHP113A, Safety Inspection Checklist, attached. This CHP113A will be maintained with the Area Injury and Illness Prevention Program.
3. Copies of the CHP113B, Hazard Report/Inspection, were posted on the Occupational Safety board and Area personnel were advised these forms are available should they observe any hazardous or unsafe conditions.


J. M. JUNGERS, Captain
Commander

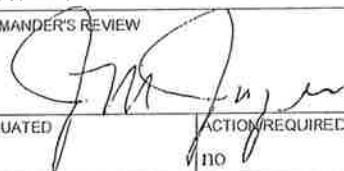
Attachment

**AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

AREA Temecula	DIVISION Border	NUMBER 685
EVALUATED BY Sergeant G. Sawasaki 11495		DATE 03/07/2009

INSTRUCTIONS: Indicate items reviewed by placing a check in the "Evaluated" box and/or the "Action Required" box. If this form is used as a Correction Report, the "Correction" box should be initialed and dated as deficiencies are corrected. Answer individual items with "yes" or "no" answers, or fill in the blanks as indicated. If additional comments are necessary, the information can be placed on the CHP 454, Area Management Evaluation Supplement. The Supplement should include significant findings, accomplishments or corrective actions, unresolved items, problems or progress, and the evaluator's overall impressions. This form can be completed in pen or pencil, and the Supplement can be handwritten if desired.

TYPE OF EVALUATION <input checked="" type="checkbox"/> Formal Evaluation <input type="checkbox"/> Informal Evaluation		SUSPENSE DATE 03/31/2009
FOLLOW-UP REQUIRED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Correction Report BY <u>5-15-09</u>	COMMANDER'S REVIEW  DATE 4-15-09
1. GOALS AND ACCOMPLISHMENTS		EVALUATED yes
		ACTION REQUIRED no
		CORRECTED

a. Is the command familiar with the Occupational Safety Program as outlined in HPM 10.6, Occupational Safety Manual, Chapter 13?

☒ Yes ☐ No

(1) Are goals developed in accordance with departmental policy?

☒ Yes ☐ No

(2) Are environmental factors, exposure factors, and past experience/trends considered when setting goals?

☒ Yes ☐ No

(3) Are illness and non-serious/non-traumatic injuries excluded from occupational safety goals?

☐ Yes ☒ No

(4) Are goals appropriately categorized?

☒ Yes ☐ No

(5) Are goals realistic?

☒ Yes ☐ No

(6) Are goals consistent with departmental objectives?

☒ Yes ☐ No

(7) Is input from all levels considered before goals are established?

☒ Yes ☐ No

b. Are goals being accomplished?

☒ Yes ☐ No

(1) Accurate reporting on CHP 113, Accident and Injury Report?

☒ Yes ☐ No

(2) Are accidents increasing?

☐ Yes ☒ No

(3) Are injuries increasing?

☐ Yes ☒ No

(4) Why are they increasing/decreasing? Industrial injuries within Temecula have been decreasing over the past few years. A high percentage of the employees participate in a regular fitness plan.

(5) Is CHP 113, Accident and Injury Report, posted or readily accessible?

☒ Yes ☐ No

(6) Are employees knowledgeable about goals and achievements?

☒ Yes ☐ No

(7) Are employees providing suggestions toward goal attainment?

☒ Yes ☐ No

2. PARTICIPATION

EVALUATED
yes

ACTION REQUIRED
no

CORRECTED

a. Commander actively involved in program?

☒ Yes ☐ No

(1) Commander active in injury/illness case management?

☒ Yes ☐ No

(2) What is the commander's attitude regarding occupational safety? Captain Jungers is very proactive regarding the safety and health of all personnel within the Temecula Area. Captain Jungers regularly discusses safety related issues in training days and staff meetings.

AREA MANAGEMENT EVALUATION**OCCUPATIONAL SAFETY**

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(3) Occupational safety issues discussed at staff meetings and training days?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are safety issues in the meeting minutes?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Commander comments regarding safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Does the commander ensure use of appropriate safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. Are managers/supervisors actively involved in the program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are managers/supervisors involved in case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Do they have the appropriate attitude?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are managers monitoring supervisors' progress and efforts to attain goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are supervisors monitoring employees' efforts?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Do managers comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do supervisors comment on safety issues in performance evaluations?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do managers/supervisors ensure the use of proper safety equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
c. Are employees actively involved in the Occupational Safety Program?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are employees involved in their case management?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Are employees knowledgeable about safety goals?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Are they aware of the command's achievements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Are employees practicing safety while performing their duties?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Are employees reporting unsafe conditions and/or work practices?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Do employees work cooperatively to minimize hazards?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Do employees offer suggestions to improve occupational safety?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(8) Is employee equipment properly used and maintained?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

3. ACCIDENT AND INJURY TRENDS	EVALUATED	ACTION REQUIRED	CORRECTED
	yes	no	

- a. Commander's method of identifying trends? Our Lieutenant prepares a "weekly status report" which contains a section dedicated to the Area's Occupational Safety program. This report documents all of the recent accidents and/or injuries occurring within our Area. Trends can be identified immediately and appropriate preventive measures implemented.

- | | | |
|---|---|-----------------------------|
| (1) Are accidents and injuries being monitored to identify trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (2) Is the Occupational Safety Committee reviewing CHP 113, Accident and Injury Report, OSHA 300, Log of Occupational Injuries and Illnesses, entries, prior meeting minutes? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| (3) Are personnel in the command aware of current and potential trends? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |

- b. What corrective action has the command taken when a trend has been identified? Employees involved in preventable accidents/incidents are required to attend an occupational safety committee meeting to discuss their incident. Training is developed and disseminated to the other employees during briefings or training days.

AREA MANAGEMENT EVALUATION

OCCUPATIONAL SAFETY

CHP 453M (Rev. 5-06) OPI 009

(1) Are commanders, managers, and supervisors actively implementing corrective actions?

☒ Yes ☐ No**4. COMMAND OCCUPATIONAL SAFETY COMMITTEE (COSC)**

EVALUATED

yes

ACTION REQUIRED

yes

CORRECTED

a. What is the composition of the COSC? Captain J. Jungers is the Chairperson. Sergeant G. Sawasaki is the Area Occupational Safety

Coordinator. Committee members include: Lt. D. Brunette, Office Supervisor E. Morgan, Office Assistant S. Hecht, Automotive

Technician J. Rivera. Several Special Duty and Road Patrol officers are requested to attend Occupational Safety Meetings.

(1) Is there representation from each collective bargaining unit?

☒ Yes ☐ No

(2) Management and supervisory representation?

☒ Yes ☐ No

(3) Command Safety Coordinator assigned?

☒ Yes ☐ No

(4) Command Safety Coordinator active and effective?

☒ Yes ☐ No

(5) Are committee assignments rotated?

☒ Yes ☐ No

(6) COSC meetings held quarterly?

☒ Yes ☐ No

(7) Are meetings held more frequently when goals are not being attained?

☒ Yes ☐ No

(8) Do all committee members attend the meetings?

☒ Yes ☐ No

b. Are roles and responsibilities defined in accordance with IIPP?

☒ Yes ☐ No

(1) Do committee members understand their roles and responsibilities?

☒ Yes ☐ No

(2) Is an agenda prepared prior to the meeting?

☒ Yes ☐ No

(3) Are departmental and Division Occupational Safety meetings minutes readily available?

☒ Yes ☐ No

(4) Are these minutes utilized for Area meetings?

☒ Yes ☐ No

(5) Are assignments given during Area meetings?

☒ Yes ☐ No

c. Minutes prepared for the COSC meeting?

☒ Yes ☐ No

(1) Recording secretary appointed?

☐ Yes ☒ No

(2) Minutes posted on command's Occupational Safety Board?

☐ Yes ☒ No

(3) Are minutes included in IIPP file?

☒ Yes ☐ No

(4) Minutes maintained current year, plus three?

☒ Yes ☐ No

(5) Minutes forwarded through channels?

☒ Yes ☐ No

d. Is the COSC effective?

☒ Yes ☐ No

(1) Are COSC recommendations clear, concise and pertinent to the command?

☒ Yes ☐ No

(2) COSC proactive to eliminate potential causes of accidents and injuries?

☒ Yes ☐ No

(3) COSC disseminate current information and training regarding health and safety issues?

☒ Yes ☐ No

e. Do all personnel receive current information regarding health and safety?

☒ Yes ☐ No

f. Are outside agency safety programs utilized as a resource?

☒ Yes ☐ No

g. Does the command maintain an effective health and safety communications system?

☒ Yes ☐ No

AREA MANAGEMENT EVALUATION **OCCUPATIONAL SAFETY**

CHP 453M (Rev. 5-06) OPI 009

(1) Potential hazards reported on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are findings of the 113B, Hazard Report/Inspection, report disseminated according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Do all members of the command participate in distribution of safety and health information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) COSC minutes posted in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Required posters prominently displayed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) COSC maintain the Command Occupational Safety Bulletin Board?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(7) Are responsibilities for the Occupational Safety Bulletin Board contents assigned to specific members?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
5. DOCUMENTATION	EVALUATED yes	ACTION REQUIRED yes
a. STD 261s, Authorization to Use Privately Owned Vehicles on State Business, completed annually and filed in the employee's field folder?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
b. DMV INF 254, Government Agency Request for Driver License/Identification Record Information, utilized to request driver's license record check and filed in the employee's field folder?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
c. OSHA 300, Log of Occupational Injury and Illnesses, utilized?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Are required injuries and illnesses logged?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Entries made within six working days of notification of an employee injury or illness?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Is lost-time and limited-duty documentation accurate?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Retention according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(5) Readily accessible for review by Cal-OSHA?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Previous calendar year log posted during February?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
d. Are CHP 113s, Accident and Injury Report, compiled accurately?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Commander review and sign?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) CHP 113s and attachments processed in a timely manner?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
e. Does the command utilize the CHP 113A, Safety Inspection Checklist?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Are semiannual safety inspections conducted?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Are safety hazards identified?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3) Is corrective action taken within 30 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4) CHP 113A, Safety Inspection Checklist, maintained with IIPP and retained according to policy?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
f. Are unsafe conditions identified and documented on CHP 113B, Hazard Report/Inspection?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(1) Measures taken to correct situation within 30 days?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2) Copy of CHP 113B, Hazard Report/Inspection, filed or attached to IIPP?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
g. Are the CHP 121 series thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Supervisory comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Commander signature on appropriate forms?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(3) Routed within time frames?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
h. Is CHP 208, Accident Prevention Report, thoroughly and accurately completed?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Supervisor comments in-depth, clear, and concise?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Commander review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Commander signs appropriate form?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Properly routed within time limits?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
i. Are injuries and accidents documented on CHP 442, Individual Accident, Injury and Safety Recognition Record?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are CHP 442s, Individual Accident, Injury and Safety Recognition Record, current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Safety recognition emblem summary current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
j. Are CHP 712As, Injury and Illness Prevention Program Orientation and Review, kept current?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is specific safety training documented on CHP 712, Employee Emergency Action Plan Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Copies maintained with IIPP file?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
6. INJURY AND ILLNESS PREVENTION PROGRAM	EVALUATED yes	ACTION REQUIRED no	CORRECTED
a. Command specific IIPP on file?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Is the program effective?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Contains all required documents?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Discussed with all employees?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) All employees understand their roles and responsibilities?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(5) Each employee completed CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(6) New employees review and complete CHP 712A, Injury and Illness Prevention Program Orientation and Review?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(7) Are unsafe hazards or conditions identified, investigated, corrected, and documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(8) Is required documentation maintained according to policy?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
7. COMMUNICATION WITH DOSH	EVALUATED yes	ACTION REQUIRED no	CORRECTED
a. Employees aware of procedures regarding DOSH inspections?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
b. Command's documents readily available for review by DOSH Compliance Officer?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
8. HAZARDOUS SUBSTANCE PROGRAM	EVALUATED yes	ACTION REQUIRED no	CORRECTED
a. Does command have a written Hazardous Substance Program for substances used within that command?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(1) Are hazardous substances identified and properly labeled?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(2) Warning signs posted?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(3) Material Safety Data Sheets readily available?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
(4) Employees receive training?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	

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AREA MANAGEMENT EVALUATION
OCCUPATIONAL SAFETY
CHP 453M (Rev. 5-06) OPI 009

(5) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(6) Employees informed of their right to applicable medical and exposure information?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
9. HAZARDOUS EXPOSURE CONTROL PROGRAMS	EVALUATED yes	ACTION REQUIRED no
a. Activities identified within command that may require exposure to hazardous conditions?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(1) Appropriate engineering and/or administrative controls implemented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(2) Protective equipment provided in accordance with bargaining unit agreements?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(3) Employees trained on use and maintenance of equipment?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
(4) Training documented?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

Action Items:

Section 4, item c. (2): The Command Occupational Safety Committee meeting minutes will be posted on the Area's Occupational Safety board.

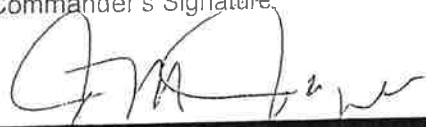
Section 5, item e (1) - (4): The Area's Occupational Safety Sergeant will ensure a safety inspection is conducted, on a semi-annual basis (utilizing the CHP113A, Safety Inspection Checklist), and any safety hazards corrected within 30 days. The CHP113A shall then be maintained with the IIPP and retained according to policy.

Section 5, item f (1) - (2): The Area's Occupational Safety Sergeant will ensure unsafe conditions are identified and documented on a CHP 113B, Hazard Report/Inspection, then filed or attached to IIPP. Corrective actions will be taken within 30 days.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command: Temecula	Division: Border	Chapter: 12
Inspected by: G. H. Sawasaki		Date: 03/07/09

INSTRUCTIONS: This document shall be typed. Check appropriate boxes as necessary, or fill in the blanks as indicated. Enter the chapter number of the inspection in the Chapter Inspection number. Under "Forward to:" enter the next level of command where the document shall be routed to and its due date. This document shall be utilized to document innovative practices, suggestions for statewide improvement, identified deficiencies, corrective action plans, and may be used to appeal findings. A CHP 51 Memorandum may be used if additional space is required.

TYPE OF INSPECTION <input type="checkbox"/> Division Level <input checked="" type="checkbox"/> Command Level <input type="checkbox"/> Executive Office Level		<input checked="" type="checkbox"/> Corrective Action Plan Included <input type="checkbox"/> Appeal Included <input type="checkbox"/> Attachments Included	
Follow-up Required: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Forward to: _____ Due Date: _____	Commander's Signature: 	Date: 4-15-09

Chapter Inspection: _____
Inspector's Comments Regarding Innovative Practices:

Command Suggestions for Statewide Improvement:

Inspector's Findings:

Overall the Temecula Area CHP office is a very safe and healthy work environment. Any issues regarding the safety of the employees are addressed and resolved in a timely manner. The command staff: Captain, Lieutenant, Sergeants, and the Office Supervisor communicate extremely well with one another and work diligently to ensure the officers and office staff perform their duties in the safest manner possible.

Several minor issues were identified during this inspection which primarily involve documentation of the CHP 113A and 113B. The semi-annual safety inspections were not being performed on a regular basis and therefore not documented on the 113A and 113B. A safety inspection will be performed within the next 30 days and once every six months following.

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Command:	Division:	Chapter:
Inspected by:		Date:

Page 2

Commander's Response:

Concur

Inspector's Comments:

Required Action

Corrective Action Plan/Timeline

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT

Page 3

Command:	Division:	Chapter:
Inspected by:		Date:

Appeal Process: ~~(Appeals shall be filed within five (5) business days of the completed chapter inspection).~~

Commander's Basis for Appeal:

Appeal Review/Decision: *(This shall be the only level of appeal).*

STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL
COMMAND INSPECTION PROGRAM
EXCEPTIONS DOCUMENT


Lead Inspector's Signature: 	Date: 4/14/09
Responding Commander's Signature (for appeal): 	Date: 4-15-09

SAFETY INSPECTION CHECKLIST

CHP 113A (Rev. 9-96) OPI 090

DIVISION
BORDER

SECTION/AREA
EL CAJON-680

Indicates satisfactory		<input checked="" type="checkbox"/> Indicates correction needed (explain fully in Remarks by number)	
A. PARKING LOTS <input checked="" type="checkbox"/> 1. Access visibility <input checked="" type="checkbox"/> 2. Traffic hazards <input checked="" type="checkbox"/> 3. Chuck holes/weeds <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Fire Hazards <input checked="" type="checkbox"/> 6. Drainage <input checked="" type="checkbox"/> 7. Handicapped spaces <input checked="" type="checkbox"/> 8. Debris/leaves <input checked="" type="checkbox"/> 9. Other:		B. BUILDING ENTRIES-EXITS <input checked="" type="checkbox"/> 1. Sidewalks <input checked="" type="checkbox"/> 2. Steps <input checked="" type="checkbox"/> 3. Railings <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Lighting <input checked="" type="checkbox"/> 6. Doors, swing out <input checked="" type="checkbox"/> 7. Wet weather entry <input checked="" type="checkbox"/> 8. Floor mats <input type="checkbox"/> 9. Other:	
C. FIRE PROTECTION <input checked="" type="checkbox"/> 1. Extinguishers, hoses <input checked="" type="checkbox"/> 2. Exits and exit signs <input checked="" type="checkbox"/> 3. Heating system <input type="checkbox"/> A. If boiler, inspection tag <input checked="" type="checkbox"/> B. Water heaters, vents, valves <input checked="" type="checkbox"/> 4. Ammo and shotgun storage <input checked="" type="checkbox"/> 5. Flare storage <input type="checkbox"/> 6. Other:		D. EQUIPMENT <input checked="" type="checkbox"/> 1. Desks <input checked="" type="checkbox"/> 2. Chairs, casters <input checked="" type="checkbox"/> 3. Tables <input checked="" type="checkbox"/> 4. Ladders <input checked="" type="checkbox"/> 5. File cabinets <input checked="" type="checkbox"/> 6. File drawers <input checked="" type="checkbox"/> 7. Electrical <input type="checkbox"/> 8. Other:	
E. HOUSEKEEPING <input checked="" type="checkbox"/> 1. Space utilization <input checked="" type="checkbox"/> 2. Aisles, floors, stairs <input checked="" type="checkbox"/> 3. Storage <input checked="" type="checkbox"/> 4. Lighting <input checked="" type="checkbox"/> 5. Ventilation <input checked="" type="checkbox"/> 6. Electrical Cords <input checked="" type="checkbox"/> 7. Fire hazards <input checked="" type="checkbox"/> 8. Waste disposal <input type="checkbox"/> 9. Other:		F. AUTOMOTIVE SERVICE <input checked="" type="checkbox"/> 1. Windshield cleaning equip. <input checked="" type="checkbox"/> 2. Housekeeping <input checked="" type="checkbox"/> 3. Flammables <input checked="" type="checkbox"/> 4. Electrical tools, grounding <input checked="" type="checkbox"/> 5. Waste disp., covered cans <input checked="" type="checkbox"/> 6. Ventilation <input type="checkbox"/> 7. Washrack N/A <input checked="" type="checkbox"/> 8. Fire extinguishers <input checked="" type="checkbox"/> 9. Dispenser equip. (gas/oil) <input checked="" type="checkbox"/> 10. Spills <input checked="" type="checkbox"/> 11. Vents clear <input checked="" type="checkbox"/> 12. Eye wash station <input type="checkbox"/> 13. Other:	
PLASTIC BULLET RANGE <input type="checkbox"/> 1. Control of live ammunition <input type="checkbox"/> 2. Problem(s) from possible live ammunition <input type="checkbox"/> 3. Backstop in repair <input type="checkbox"/> 4. Other: N/A		H. PERSONAL PROTECTIVE EQUIPMENT <input checked="" type="checkbox"/> 1. Helmets and straps <input checked="" type="checkbox"/> 2. Ear protection <input checked="" type="checkbox"/> 3. Eye protection <input checked="" type="checkbox"/> 4. Waterless soap <input type="checkbox"/> 5. Other:	
I. SAFETY BULLETIN BOARD <input checked="" type="checkbox"/> 1. Neat and attractive <input checked="" type="checkbox"/> 2. Display changed regularly <input checked="" type="checkbox"/> 3. Safety messages <input checked="" type="checkbox"/> 4. Required postings <input type="checkbox"/> 5. Other:			

REMARKS

- A.
- 9.) Large opening under fence in northeast parking lot east of main building
 - 9.) Northeast corner perimeter wall fence easily accessible from adjacent parking lot/sidewalk
 - 9.) Barbed wire support arm of A1 exit damaged
- B.
- 1.) Sidewalk cluttered with equipment, chairs, shelves, etc.
- D.
- 2.) 2 casters missing from briefing room chairs

INSPECTED BY
BEN DAVIS/ANTHONY MOBLEY

DATE
04/02/2009

SAFETY INSPECTION CHECKLIST

CHP 113A (Rev. 9-96) OPI 090

DIVISION Border SECTION/AREA El Cajon 680

☐ Indicates satisfactory ☒ Indicates correction needed (explain fully in Remarks by number)

<p>A. PARKING LOTS</p> <p><input checked="" type="checkbox"/> 1. Access visibility <input checked="" type="checkbox"/> 2. Traffic hazards <input checked="" type="checkbox"/> 3. Chuck holes/weeds <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Fire Hazards <input checked="" type="checkbox"/> 6. Drainage</p> <p><input type="checkbox"/> 7. Handicapped spaces <input type="checkbox"/> 8. Debris/leaves <input checked="" type="checkbox"/> 9. Other: <u>Picnic table</u></p>	<p>B. BUILDING ENTRIES-EXITS</p> <p><input checked="" type="checkbox"/> 1. Sidewalks <input checked="" type="checkbox"/> 2. Steps <input checked="" type="checkbox"/> 3. Railings <input checked="" type="checkbox"/> 4. Oil/grease spills <input type="checkbox"/> 5. Lighting <input checked="" type="checkbox"/> 6. Doors, swing out</p> <p><input checked="" type="checkbox"/> 7. Wet weather entry <input type="checkbox"/> 8. Floor mats <input type="checkbox"/> 9. Other:</p>
<p>C. FIRE PROTECTION</p> <p><input checked="" type="checkbox"/> 1. Extinguishers, hoses <input type="checkbox"/> 2. Exits and exit signs <input checked="" type="checkbox"/> 3. Heating system <input type="checkbox"/> A. If boiler, inspection tag <input checked="" type="checkbox"/> B. Water heaters, vents, valves <input checked="" type="checkbox"/> 4. Ammo and shotgun storage</p> <p><input checked="" type="checkbox"/> 5. Flare storage <input type="checkbox"/> 6. Other:</p>	<p>D. EQUIPMENT</p> <p><input checked="" type="checkbox"/> 1. Desks <input checked="" type="checkbox"/> 2. Chairs, casters <input checked="" type="checkbox"/> 3. Tables <input checked="" type="checkbox"/> 4. Ladders <input checked="" type="checkbox"/> 5. File cabinets <input type="checkbox"/> 6. File drawers</p> <p><input checked="" type="checkbox"/> 7. Electrical <input type="checkbox"/> 8. Other:</p>
<p>E. HOUSEKEEPING</p> <p><input type="checkbox"/> 1. Space utilization <input checked="" type="checkbox"/> 2. Aisles, floors, stairs <input type="checkbox"/> 3. Storage <input type="checkbox"/> 4. Lighting <input checked="" type="checkbox"/> 5. Ventilation <input checked="" type="checkbox"/> 6. Electrical Cords</p> <p><input checked="" type="checkbox"/> 7. Fire hazards <input checked="" type="checkbox"/> 8. Waste disposal <input type="checkbox"/> 9. Other:</p>	<p>F. AUTOMOTIVE SERVICE</p> <p><input checked="" type="checkbox"/> 1. Windshield cleaning equip. <input checked="" type="checkbox"/> 2. Housekeeping <input type="checkbox"/> 3. Flammables <input type="checkbox"/> 4. Electrical tools, grounding <input type="checkbox"/> 5. Waste disp., covered cans <input type="checkbox"/> 6. Ventilation</p> <p><input type="checkbox"/> 7. Washrack <u>N/A</u> <input checked="" type="checkbox"/> 8. Fire extinguishers <input checked="" type="checkbox"/> 9. Dispenser equip. (gas/oil) <input checked="" type="checkbox"/> 10. Spills <input checked="" type="checkbox"/> 11. Vents clear <input checked="" type="checkbox"/> 12. Eye wash station <input type="checkbox"/> 13. Other:</p>
<p>PLASTIC BULLET RANGE</p> <p><input type="checkbox"/> 1. Control of live ammunition <input type="checkbox"/> 2. Problem(s) from possible live ammunition <input type="checkbox"/> 3. Backstop in repair</p> <p><input type="checkbox"/> 4. Other: <u>N/A</u></p>	<p>H. PERSONAL PROTECTIVE EQUIPMENT</p> <p><input type="checkbox"/> 1. Helmets and straps <u>N/A</u> <input type="checkbox"/> 2. Ear protection <input type="checkbox"/> 3. Eye protection</p> <p><input type="checkbox"/> 4. Waterless soap <input type="checkbox"/> 5. Other:</p>
<p>I. SAFETY BULLETIN BOARD</p> <p><input checked="" type="checkbox"/> 1. Neat and attractive <input checked="" type="checkbox"/> 2. Display changed regularly <input checked="" type="checkbox"/> 3. Safety messages</p> <p><input checked="" type="checkbox"/> 4. Required postings <input type="checkbox"/> 5. Other:</p>	

REMARKS

A. 9. Termite infested table and wooden spool needs to be removed,
 2. Metal Book cases to be removed

C. 1. Fire exstn quishers need checking all.

E. Annex Spt. needed (?) Door to Lobby. - Exit signs

A. 9. Gas pump light

INSPECTED BY

Kathy Gravel

DATE

10/28/08

SAFETY INSPECTION CHECKLIST


CHP 113A (Rev. 9-96) OPI 090

DIVISION
BORDER

SECTION/AREA
EL CAJON-680

Indicates satisfactory

☒ Indicates correction needed (explain fully in Remarks by number)

<p>A. PARKING LOTS</p> <p><input checked="" type="checkbox"/> 1. Access visibility <input checked="" type="checkbox"/> 2. Traffic hazards <input checked="" type="checkbox"/> 3. Chuck holes/weeds <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Fire Hazards <input checked="" type="checkbox"/> 6. Drainage</p> <p><input checked="" type="checkbox"/> 7. Handicapped spaces <input checked="" type="checkbox"/> 8. Debris/leaves <input checked="" type="checkbox"/> 9. Other:</p>	<p>B. BUILDING ENTRIES-EXITS</p> <p><input checked="" type="checkbox"/> 1. Sidewalks <input checked="" type="checkbox"/> 2. Steps <input checked="" type="checkbox"/> 3. Railings <input checked="" type="checkbox"/> 4. Oil/grease spills <input checked="" type="checkbox"/> 5. Lighting <input checked="" type="checkbox"/> 6. Doors, swing out</p> <p><input checked="" type="checkbox"/> 7. Wet weather entry <input checked="" type="checkbox"/> 8. Floor mats <input type="checkbox"/> 9. Other:</p>
<p>C. FIRE PROTECTION</p> <p><input checked="" type="checkbox"/> 1. Extinguishers, hoses <input checked="" type="checkbox"/> 2. Exits and exit signs <input checked="" type="checkbox"/> 3. Heating system <input type="checkbox"/> A. If boiler, inspection tag <input checked="" type="checkbox"/> B. Water heaters, vents, valves <input checked="" type="checkbox"/> 4. Ammo and shotgun storage</p> <p><input checked="" type="checkbox"/> 5. Flare storage <input type="checkbox"/> 6. Other:</p>	<p>D. EQUIPMENT</p> <p><input checked="" type="checkbox"/> 1. Desks <input checked="" type="checkbox"/> 2. Chairs, casters <input checked="" type="checkbox"/> 3. Tables <input checked="" type="checkbox"/> 4. Ladders <input checked="" type="checkbox"/> 5. File cabinets <input checked="" type="checkbox"/> 6. File drawers</p> <p><input checked="" type="checkbox"/> 7. Electrical <input type="checkbox"/> 8. Other:</p>
<p>E. HOUSEKEEPING</p> <p><input checked="" type="checkbox"/> 1. Space utilization <input checked="" type="checkbox"/> 2. Aisles, floors, stairs <input checked="" type="checkbox"/> 3. Storage <input checked="" type="checkbox"/> 4. Lighting <input checked="" type="checkbox"/> 5. Ventilation <input checked="" type="checkbox"/> 6. Electrical Cords</p> <p><input checked="" type="checkbox"/> 7. Fire hazards <input checked="" type="checkbox"/> 8. Waste disposal <input type="checkbox"/> 9. Other:</p>	<p>F. AUTOMOTIVE SERVICE</p> <p><input checked="" type="checkbox"/> 1. Windshield cleaning equip. <input checked="" type="checkbox"/> 2. Housekeeping <input checked="" type="checkbox"/> 3. Flammables <input checked="" type="checkbox"/> 4. Electrical tools, grounding <input checked="" type="checkbox"/> 5. Waste disp., covered cans <input checked="" type="checkbox"/> 6. Ventilation</p> <p><input type="checkbox"/> 7. Washrack <i>N/A</i> <input checked="" type="checkbox"/> 8. Fire extinguishers <input checked="" type="checkbox"/> 9. Dispenser equip. (gas/oil) <input checked="" type="checkbox"/> 10. Spills <input checked="" type="checkbox"/> 11. Vents clear <input checked="" type="checkbox"/> 12. Eye wash station <input type="checkbox"/> 13. Other:</p>
<p>PLASTIC BULLET RANGE</p> <p><input type="checkbox"/> 1. Control of live ammunition <input type="checkbox"/> 2. Problem(s) from possible live ammunition <input type="checkbox"/> 3. Backstop in repair</p> <p><input type="checkbox"/> 4. Other: <i>N/A</i></p>	<p>H. PERSONAL PROTECTIVE EQUIPMENT</p> <p><input checked="" type="checkbox"/> 1. Helmets and straps <input checked="" type="checkbox"/> 2. Ear protection <input checked="" type="checkbox"/> 3. Eye protection</p> <p><input checked="" type="checkbox"/> 4. Waterless soap <input type="checkbox"/> 5. Other:</p>
<p>I. SAFETY BULLETIN BOARD</p> <p><input checked="" type="checkbox"/> 1. Neat and attractive <input checked="" type="checkbox"/> 2. Display changed regularly <input checked="" type="checkbox"/> 3. Safety messages</p> <p><input checked="" type="checkbox"/> 4. Required postings <input type="checkbox"/> 5. Other:</p>	

REMARKS

- A.
- Large opening under fence in northeast parking lot, from trash building.
 - Northeast corner perimeter wall fence mostly inaccessible from adjacent parking lot/entrance.
 - Back of trash building and trash building.
- B.
- East side wall damaged with equipment chain and debris.
- D.
- 2 casters missing from briefing room chairs

INSPECTED BY
BEN DAVIS/ANTHONY MOBLEY

DATE
04/02/2009

SAFETY INSPECTION CHECKLIST

CHP 113A (Rev. 9-96) OPI 090

DIVISION Border SECTION/AREA El Cajon 680

☐ Indicates satisfactory

☒ Indicates correction needed (explain fully in Remarks by number)

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REMARKS

A. 9. Termite infested table and wooden spool needs to be removed,
2. Metal Book cases to be removed

C. 1. Fire extinguishers need checking all.

E. Annex Spt. needed (?) Door to Lobby. - Exit signs

A. 9. Gas pump light

INSPECTED BY Kathy Gravel

DATE 10/28/08